App.F.IX-4

1918-19
~~1924~~

File No. 70-18

(Med.)

Serial Nos. 3 to 19(A)
28 & 29

Previous References
med 70-18(1, 1(a) & 2)
" -67-18(1-8)
G.O.No 57653-65
med 93-18-18. 8209/19.

Later references.
G.O.No 5679-80
med 69-16-6 8137/1918.
med. 129-19(1-8)
med 66-18(1-13).
Med 2/6-3385 2

VP

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. Nineteen (19)

Part B for July 1920.

SUBJECT

Constitution of a medical Faculty

Sl 28 To The Senior Surgeon.
The Comptroller through the Secty
The Presidents of Dist Boards.
The Surgeon Superintendent.
No G.26855-65-31-S 7/920
Passes orders on the Report of the Medical Relief Committee.

RE-CIRCULATED.

(For Disposal at a Meeting)

No. C. 422

.....19.20

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

(Clause xii of the schedule)

Report of the Committee appointed to consider the question of medical relief in rural parts and the starting a Medical Faculty in the Mysore University

RE-CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

C.S. Kacasundaramayya

Chief Secretary to Government.

.....9th February.....1920.

Extraordinary Member of Council. 16.2.20

S134-209 9.2.20. **First Member of Council.** Seen 10.2.20

Second Member of Council. Seen.

3212 10/2/20 **Third Member of Council.** 12/2/20

For disposal at a meeting.

No. C. 87

9. 6. 191.

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

Consideration of the report of the committee appointed in connection with Medical Relief in rural parts and the starting of a Medical Faculty in the Mysore University.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

7th June 1919.

C S Balasundaram
Chief *Secretary to Government.*

Extraordinary Member of Council.

First Member of Council. The Ayurvedic College file may be circulated to Medical file - Vide Dewan's note 10/6/19

Second Member of Council. Seen Reed 5.7.19

Third Member of Council

GPB—1,000—28-8-14

Opinion recorded.

G. R. S. III—1] 1918-19.

GENERAL AND REVENUE SECRETARIAT.

(Medical)

NOTES.

File No. 70-78

FILE HEADING.

Constitution of a Medical Faculty.

From

The Senior Surgeon.

No. G.C. 480-5. Dated 22.4.19. Received 24.4.19.

Diary No. 1535	Enclos. 4.	Spare Copies. —	Serial No. 3.

BRIEF ABSTRACT OF LETTER.

Forwards the report of the Special Committee appointed in G.O. of 18.2.19 and states that Dr. S.R. Bala Krishna Rao to whom the report was sent, has added below his signature "vide my note on Ayurvedic institutions to be appended" but that no note of any kind was read by him at the meeting nor did he express his intention of sending one.

NOTES AND ORDERS.

1) The opinions & recommendations of the Committee on the seven points refd. to in the above G.O. are summarised as follows:—

(1) & (2) In connection with the adequacy of the present organisation for medical relief & the necessity for increasing the no. of hospitals, the Committee state that the existing organisation is not quite adequate & they recommend the opening of 110 new dispensaries during the next five years & the posting of extra Sub-Assts. to Civil Surgeons in certain places. They also think it necessary to develop the present

NOTES—First Sheet.

General and Revenue Secretariat.

Med File No. 71 of 1918.

Serial No.

Under consideration with file No. 14-18

Hospitals in Dt. Hd Quarters other than Bangalore & Mysore being kept up to date; also to construct new & up to date buildings for the Lunatic Asylums

(3) In regard to the feasibility of extending med. aid thro' Ayurvedic & Unani Institutions, the Committee are of opinion that the extension of medical aid is feasible if properly qualified Vaidyans & Hakims could be turned out from the training institutions at Mysore.

(4) Improving female medical aid - The provision at each Taluk Hd Qrs of a Female dispensary in charge of a lady Sub-Asst Surgeon may be worked up to, as qualified ladies become available and each such dispensary should be provided with two midwives. It is desirable to have maternities at each Dt. Hd Qrs & to provide facilities therein for local dayees to undergo training in Scientific midwifery.

(5) The Committee think it advisable to start a Medical Faculty at Bangalore by establishing a Medical College, the cost being roughly estimated at:—

Initial cost on buildings &c.	Rs 7,00,000.
Furniture & equipment	1,25,000.
Total	Rs 8,25,000.
Annual recurring charges	60,100.

(6) Question of adjusting financial responsibility in regard to medical institutions in rural areas — Four of the members are of opinion that the Govt may be pleased to bear the entire cost of dispensaries, & one half of the total recurring charges, the other half being met by the local

1535
1652

Serial No.

bodies, while the opinion of the other two members is that the Govt & the Local Boards may bear the initial as well as the recurring charges equally.

(7) Immediate requirements of the Deptt.

Recruitment to the class of Surgeons & Asst Surgeons will in their opinion, offer no difficulty, as their pay & prospects have recently been improved, but it will be difficult to get Sub-Asst Surgeons who are required, say 25 to 30, every year during the next five years for the new dispensaries &c. Though the minimum pay has been raised to Rs 45 & may not be inadequate to local candidates, yet considering that for some years more we shall have to depend on qualified hands from outside, the minimum pay of Sub-Asst Surgeons may be raised to Rs 50 as in Madras Service.

Submitted. The total cost of improvements suggested is estimated to be Rs 11,34,060.

P. to A. S. on 14.5.19

(note continued)

4 From the Senior Surgeon, No. 4-C 480-890 5/19

Submits two notes one by Mr S. R. Balakrishna Rao on the "Ayurvedic College" and the other by Mr. H. B. Jayalakshmamma "on Medical preservation".

2. It has been ascertained from the Surgeon Genl that the subject of the reorganisation of the Ayurvedic studies in Mysore is under active consideration in that Secretariat

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

Med File No. 70 of 1918-19

Serial No.

The main points suggestion by Dr Thyloyan are the following:-

(1) ~~The Charge of the~~ District ~~Hospitals~~ should be placed under ~~given~~ men with European qualifications & also be provided with staffs of trained nurses;

(2) Gradually increase the Subordinate Surgeons with grounds in Medicine.

(3) Establishment of a Medical college in Bangalore also.

(4) Establishment of a well equipped Bacteriological Institution on modern lines for making original investigations in Tropical diseases

(5) construction of a building for the Medical school and a Hostel for the students.

vide orders in this file No. 36-18/ X

(6) A new Maternity Hospital near Victoria Hospital. In this connection it is submitted that the Senior Surgeon, vide his letter G.C 500 dated the 13th March 18 submitted rough estimates amounting to Rs 7,75,000/- for the construction of a new building. The question is being considered in the P. W. department.

The P.W.D have said that they have no funds for civil work in the next Year's budget & have suggested that the question may lie over.

(7) A Lunatic Asylum in a suitable locality. A proposal for the construction of a new building for the Lunatic Asylum is under consideration of Govt. The Senior Surgeon has been requested

Has this been confirmed by reference to that Secty? Yes

NOTE—Contn. sheet.

Serial No.

requested to obtain from the Chief Engineer a plan of a block, possible of extension to accommodate 50 patients. Details have not yet been received.

(8) Additional accommodation in the Victoria Hospital and an Isolation Ward.

(9) A home for incurables.

(10) To grant the Dy. Sanitary Engineer his Madras Standing, viz. Rs. 50 to Rs. 120/-

3) Submitted for orders.

16.5.19 16/5 9) Dr. Meyrayanam also makes the following recommendations:—

(11) Appointment of two thoroughly qualified men with English diplomas for the work of Physician to the Victoria Hospitals & the Directorship of the Bacteriological Institute;

(12) Extension of the Sanitary depts. He says that the method of treating cholera is quite antiquated & that during the last epidemic of Influenza the Sanitary depts made no efforts to investigate into the causes of the epidemic

(13) As regards the Ayurvedic & Unani

15357

General and Revenue Secretariat. | Med^b File No. 20 of 1918-19

Serial No.

* Page 1, 71 &

Systems be taken that it would be more profitable to investigate the indigenous drugs of India than to revive the said systems.

The immediate requirements of the med^b dept^t are enumerated by Dr. Muthuswamy on p. 6 of his note.

Mr. S. R. Balakrishna Rao recommends

* I (page 2)

(1) that the Ayurvedic college shd: be placed under the control of the Education Dept^t or the University;

(2) that the staff shd: consist of graduates in medicine trained in the Ayurvedic College in B. India; and

(3) that an indigenous med^b service shd: be constituted & placed on the same footing as regular departments of Gov^t.

5) Submitted for orders

6) No committee report has been called for by the Govt in med^b file no: 20/17-18 which is linked to this D. M. 21/5

Officiating Secretary flag A to the reference proposed & place the file to me before submitting. D. M. 21/5.

Chief Secy
III Member.

NOTE—Contn. sheet.

General and Revenue Secretariat. | 2nd File No. 70 of 1918-19.

Serial No.	
5	From the Senior Surgeon, No. G.C. 480-9 of 19.5.19 — forwarded a note of Mr Gulam Ahmad Kalami, member of the Special Committee appointed to consider the question of medical relief in the State, containing his opinion on the several points.
	7) Submitted.
	22/5. 8) One points 1, 2, 4, 5(iii) & 7 regd to in the G.O. appointing the Committee Mr Kalami agrees with the views expressed & suggestions made by the Committee.
	One points 3 and 5(i) & (ii), his opinion is as follows: —
	3. Medical aid through Ayurvedic & Unani System
	(a) All possible efforts shd be made to extend medical aid through these agencies.
	(b) Number of and value of scholarships to students shd be increased.
	(c) Practising Vaids & Hakims shd be selected & sent to approved Ayurvedic & Unani Colleges in India for training.
	(d) Educated young Mysoreans shd be given tempting scholarships to join such institutions.
	(e) Popular & successful Vaids & Hakims shd be encouraged by grants-in-aid as in the Education dept.

15357
16991

G. R. S. III-2]

General and Revenue Secretariat.

Med^{l} File No. 20 of 1918–19

Serial No.

(f) Competent Sub-Assts: Surgeons shd: be sent to study the Ayurvedic & Unani systems. On their return, they shd: be placed in charge of Ayurvedic & Unani Dispensaries

(g) Med^{l} Officers of higher grades & qualifications shd: also be deputed similarly ~~for~~ so that they may eventually undertake research work in a scientific manner.

(h) The Ayurvedic & Unani Dispensaries created in Mysore City shd: be taken over by Govt^{t} & improved so as to make them model institutions. Similar Dispensaries shd: also be opened in Bangalore by Govt^{t} or the Municipality.

5. (i) Medical Faculty

(ii) Reorganisation of the Medical School

9) Mr. Kalam is not in favour of starting a med^{l} faculty "at a very early date."

Dy. 22/5/19

Chief Secy
III Member

10) The report may be discussed in Council.

COK 25/5/19

Dy 26/5/19

5022

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-3-19—S.

General and Revenue Secretariat. | Med File No. 70 of 1918 77

Serial No.

11) Parts 1 (extension of medical aid)

2 (question of increasing the number of hospitals)

4 (Dispensary female medical aid do not call for any remarks. The recommendations of the committee are in consonance with the policy of the Govt and new dispensaries both for men and women are being opened as funds permit. In the budget for the coming year provision is made for a sum of Rs 25,000 (x), for the opening of dispensaries. The number proposed by the committee viz 110 will at this rate be reached in 13 or 14 years. As large provision may be made as funds permit, but I do not think it advisable to draw out the present programme for opening maternity and Dispensaries may be taken up.

(x) for revision of pay + additional dispensaries.

(x) The provision proposed by the Committee was Rs. 60,000 for revision of pay + opening of 20 new dispensaries

12) Proposals of municipal Maternities at Chengalpet which appear in the Committee's report. One more Maternity in the head quarters viz at Kottapatnam is necessary. As regards the places, the question is one of funds & they may be

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-3-18—S.

Serial No.

provided with materials as funds permit.

13) The question of increasing the number and emoluments of the Assistant Professors will have to be decided after having a fuller experience of the qualifications for admission may further be considered.

14) The question of appointment of the Director of the Agricultural Faculty will be considered in connection with the question of the Constitution of Agricultural and Veterinary Colleges.

15) As regards the 4th, the initial cost of starting the Agricultural College is estimated at Rs. 2,25,000. It is not likely that there will be any surplus after the Colonies. Separate buildings will have to be constructed and this will involve a lot of money. We may however effect a saving by combining the laboratories for the Agricultural & Veterinary Colleges & by having a common laboratory for both the Colleges. As regards the recurring charges, the details of the establishment necessary have not been fixed. Professors with high University qualifications who have established

NOTE—Contn. sheet.

Serial No.

a report this by practice will have to be appd. We cost proposed Rs 60,000 a day no measleigh. &

16) It is necessary to establish a medical faculty in connection with the University and the Govt must make up its mind to bear the cost. In Kalamin proposal that new men may be sent for training in Colleges in Madras & Bombay does not take account of the fact that accommodation in these Colleges is limited and that many students find necessary especially in learning sciences which especially will cause increased expenditure for many years to come ~~if~~ arises in Punjab only.

17) As regards the question of the future of existing Colleges, the Govt will have to decide after the Calcutta Report & the opinion of the Medical College. I think the question of improving the present Agra Medical College in order that it may be the Muzaffarpur, will be in Established students may be sent to Punjab only to avoid having

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

Edn File No. 70 of 1918.

12

Serial No..

the proposed Ayurvedic & Unani institutions. The proposal of the Kolar Board medical graduates to study ~~does not~~ in such institutions does not seem to be feasible. ~~Unless~~ None ~~then~~ ~~the~~ Mr Balkrishna has proposed to transfer the Ayurvedic College at Mysore to the control of the Edn dept, but how matters will improve by the proposed transfer is not explained in his note.

(18) The Committee do not discuss the question how the indigenous system is to be incorporated in the medical service of the State. They do not state whether the Vaidyas & Hakims are to gradually displace the Sub Asst Surgeons in [illegible] or Vaidyasalas are to be established in place of the dispensaries ~~at some of these places~~. The plan Mr Balkrishna has proposed to constitute a separate service for Hakims & Vaidyas, but until the question how far the indigenous system should take the place of the Allopathic system now in practice is settled, the present practice of giving grants in aid to well established institutions

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-8-18—S.

Serial No.

under his manage ment & expense
Vaidyans & Kabirajs may continue.

15) The Kalami proposes that
Imam & Agents of dispensaries
established by his Municipality at Ng.
town may be taken over by his Govt.
and that these dispensaries will be
supplied by his proposed measure
is not clear. His proposal that
similar dispensaries may be started
at Municipal towns & may be
recommended by Municipal Commrs
Bombay.

20) The Min recommends that his
improvement of Victoria Hospital
by his adding to its staff & providing
a bacteriological dept & his construction
of a Lunatic Asylum deserve
to receive any favourable & prompt
& will be taken up as funds permit.
His remarks & the Inspector general
about his Sanitary dept & Health
Officers will be dealt with by Sanitary
Comm^r for report.

Min
4/6/19

NOTE—Contn. sheet.

WD A 1769—GPB—60,000—20-3-18—S.

G. R. S. 12]

General and Revenue Secretariat. | Revd File No. 7 of 191 5.

Serial No.

21) The usual Secretarial way of dealing with this kind of paper has led to delay.

22) The idle & ill numbers which fill up my Journal. There was no necessity for case numbers being made in the report at this stage.

23) Please make copies of the report for circulation to members of Council & submit same with draft to H.E. for endorsement & return in the enclosed addressed envelope.

Both papers to printing

Please get the report printed 12½ copies at once

28/6/16

Papers to be returned to Secretariat in person

Please

23/6/16

NOTE—Contn. sheet

GPB—70,000—17-12-15

C 877

15

Extract from the Proceedings of the 496th *Meeting of the Council of His Highness the Maharaja, held at Bangalore on the* 11th July *19*19

24)

12. Subject.-Clause xii of the Schedule.

Consideration of the report of the committee appointed in connection with Medical Relief in rural parts and the starting of a Medical Faculty in the Mysore University.

Opinion of the Council.

The report may be published for public opinion. In the meantime detailed proposals might be called for from Senior Surgeon to utilise the provision for extension of Medical aid provided in the Budget.

Sd. A.R.Banerji,
Offg. Dewan of Mysore.

"EXTRACT"

C S Balasundaram

Chief Secretary to Government.

WD 1148—GPB—1,000—23-12-18

16941

WD 1238—GPB—60,000—1-12-16—S.

G. R. S. III-2]

C. 877

16

General and Revenue Secretariat.

Gold File No. 70 of 1918-19

Serial No.

25] To the Assistant Secretary, Branch IV (Medical Section), for kindly submitting the file to the Third Member of Council with a draft Final Note.

C&X
17/7/19

26] D. F. N. submitted
appl
Sec
17/7

12.7.19 (Third Member) 27] D. F. N. approved.
Sd/
Sec
17/7

28] Final Note signed by the Member as noted above.
V. 18-7-19

29] D. S. N. submitted?
Dewan

C&X
18/7/19
Sec
29/7

DEWAN'S OFFICE.
Recd. on JUL 22 1919
Reg. No. 570

NOTE—Contn. sheet.

(14)

third

FINAL NOTE BY THE ~~TEMPORARY~~ MEMBER OF COUNCIL.

Subject: Report of the Committee appointed to consider the question of medical relief in the State.

---

31)

S

In Government Order No. G. 17799-35/Med.70-18-1 dated 18th February 1919 a committee was appointed with the Senior Surgeon as President to consider the question of medical relief in its various aspects and submit a report. The Committee met at Bangalore on 15th and 16th April last and as a result of their joint deliberations the Senior Surgeon has submitted a report with his letter No. G.C 480-5 dated 22nd April 1919. Dr. Mylavagnam, Mr.S.R.Balakrishna Rao and Mr.Gulam Ahmed Kalami have also sent in separate notes.

Received 13-5-19 from Hdqrs Page 15 of Office Notes

2. The report was brought up for preliminary discussion before the Council who are of opinion that the report may be published for public opinion and that in the mean time detailed proposals might be called for from the Senior Surgeon for utilising the provision in the budget for the current year for extension of medical aid.

3. A printed copy of the report is submitted for His Highness' gracious ~~approval~~ perusal. The papers will be resubmitted for orders in due course after the public have had an opportunity of expressing their opinion in the matter and after further discussion in Council.

4. In the mean while action will be taken for utilising the budget provision as agreed upon in Council.

5. This proposal may be graciously approved.

17th July 1919.

MEMBER OF COUNCIL.

Submitted to His Highness.

30) *I submit herewith a Final Note by the*.....Third.....

Member of Council on the ~~xxxxxxxx~~....report..of..the

Committee appointed to consider the question of.....

medical relief in the State.....

for His Highness' gracious approval.

C. Sankara Menon

28 27th June 1919 *Dewan.*

Record of Cases submitted for the Orders of His Highness the Maharaja

Subject.

Report of the Committee appointed to consider the question of medical relief in the State.

187 32

Order.

~~KRW~~
30/7/19

Ch. Lay
Wes
31.7.19

G. R. S. III-2]

C. 877

General and Revenue Secretariat.

Red File No. 70 of 1918-19

Serial No.

31. All urgent or confidential files returned with His Highness' orders may, in the absence of instructions or indications to the contrary, be ordinarily circulated to the Members of Council for perusal after the issue of orders.

33. The Secretaries concerned should see that orders in the cases referred to above are issued at once and that the files are returned immediately after to the Chief Secretary for circulation to the Members.

34. In all other cases, the files will first be circulated to the Members of Council at headquarters and then sent to the Secretariat concerned for the issue of orders.

33/ Circulated to the Members of Council for perusal of (*) His Highness' orders ~~before~~ after issue of orders. (*Vide* Rules 31, 33 and 34 of the Subsidiary Rules for the conduct of business of Council in the Manual of Council Rules and Procedure).

C S Balasundaram Jr
Chief Secretary to Govt. 1/8.

Through the Secretary to Government,

....Department.

572-37.
2.8.19.

FIRST MEMBER OF COUNCIL

4.8.19

533
1.8.19.

SECOND MEMBER OF COUNCIL

3rd

24
4.8.19

~~TEMPORARY~~ MEMBER OF COUNCIL.

Secretary.
34) Draft please
CSB
35) for issue
6/8

NOTE.—Contn. sheet

WD 1573—GPB—500—13 18

WD 1233—GPB—60,000—1-12-16—S.

G. R. S. III-2.

General and Revenue Secretariat.

Med File No. 70 of 1918.79

Serial No. 36) Two drafts for sanction.

37) No orders, it is learnt, have yet been issued on the application. Case file.

38) Drafts may be approved

Ch Secy)

2nd member

39) Approved

40) Issued

6 To The Compiler Bihar Gazette.
Nos 4287 dt. 21-8-19.
Publishes the report of the Committee for the favour of public opinion.

7 To The Senior Surgeon
Nos 4288 dt 21-8-19.
Requests to submit detailed proposals for utilising the provision in the current year's budget for extension of medical aid

NOTE—Contn. sheet.

G. R S. III-2]

General and Revenue Secretariat.

Med File No. 70 of 1918.

Serial No.	
8	Chennakesavaraya, Hejjurada, Kolar Tk. do 15.7 & 1.9.1919 Represents that great difficulty is felt in the Kadur District for want of dispensaries & requests that another Dispensary may be opened at Kyga & Hejjurada.
9	From C. Vasudeva Rao & other residents of Kaggal Union, Nagar Town & 16th September 1919. Forwarding the proposals of the meeting of the Union held on 13th Septr 1919 on the question of medical relief in the state.

NOTE—Contn. sheet.

P.T.O.

5815 5845 5787 23

R. S. III-2]

General and Revenue Secretariat.

File No. 70 of 1918.

Serial No.	
41	Submitted. If approved, other representations will be noted & a Consolidated abstract of Objections will be made. 22/9/19 688 22/9 (Illegible) 22/9
10	Thasildar, Proja Hitaishi Sangha, Kittikeri No 34 of 20th Sept 1919. Forwards the resolution of that Sangha regarding the establishment of a dispensary at Kittikeri.
11	Govindachary a, Chairman, Village Panchayat & others residents of Hansoda Hadabu Request that a dispensary may be opened Village at three places. (Illegible) Submitted for perusal. 1/10 688 1/10. 1/10/19 1/10.
12	B. C. Narasimha Rao, Landholder & merchant, Bangalore letter of 25th Sept 1919, Requests that a Homoeopathic dispensary be established at Bangalore From Senior Surgeon with enquiries Cir 688 of 27. 9. 19 Forwards two representations addressed by Sub Asst Surgeons B. Vasudeva Rao & K. Vasudevaiah

NOTE—Contn. sheet.

C. R. S. III-2]

General and Revenue Secretariat.

File No. 70 of 1918

Serial No.

In the matter of medical relief in the State

Submitted for perusal

Gss
3/10.

3/10/19

13. From N. Srinivasa Udupi R. H. Member and N. Subba Rao, Member, Local Board and Committees.

Letter to rid. forwarding their suggestions on the question of medical relief in the State viz that Ayurvedic science should be given encouragement and that a medical faculty should be constituted.

14. From the Offg. Sanitary Commissioner in Mysore Letter No. S.C./15 to 30th Sept. 1919. forwarding a note on the subject of improvement of medical aid in the State Submits his remarks on the note furnished by Dr. Mylvaganam as Member of the Committee.

16 From the Senior Surgeon in Mysore Letter No. C. Dis 458 Dated 27th Sept. 1919 forwarding two representations addressed by Sub-Assistant Surgeons B. Vasudeva Rao and K. Basudeva Rao, on the subject of extension of medical aid in the State.

t.

G. R. S. III-2,

25

General and Revenue Secretariat. | Med File No. 70 of 1918.

Serial No.

15 From the Deputy Commissioner and Chairman M. J. Committee, Kadur Dt.
Dc Letter No 153 dt 13th Oct 1919
Submitting in original the views of the Mahnad Land Holders' Association on the Report of the Medical Committee

45) Submitted for perusal.
Gn
21-10-1919.

46) A Consolidated abstract of the suggestions received will be sent up after perusal.
688
25/10.

47) Please make a very brief abstract
Rec.
25-10-19

17 From M. Narasimhaiyangar, Supdt, R.B. N.V. M's Tiend Sabha, Bangalore & other citizens of Bangalore -
Request that a Homoeopathic dispensary may be established for

18) From T. Venkata Subba Chetty, Pramukha Chikpet Bangalore.
Suggests that a Homoeopathic Dr; Savy may be opened

48) A brief abstract of the suggestions is put up.
Gn
29/10-1919.

49) Release copy of the Dft Govt order
is put up
Med 29.10.19

D.7763.

G.R.S. III—3]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

59) The article in the Madras Mail dated 6-11-1919 on "Medical work in Mysore" referred to in the abstract of newspaper intelligence is herewith submitted. After perusal it will be placed ~~along~~ in the Medical Committee's report ~~connected~~ file, as ordered by the Chief Secretary.

Mys. GSS 15.11.19. Subd.

59/ Yes

Yes

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

Medical Work in Mysore.

IN HIS ADDRESS TO THE MYSORE Representative Assembly, held last month, the Dewan referred to the investigations carried on by a Select Committee in connection with the provision of adequate medical aid in the State. Though he did not clearly state how far the Government were prepared to accept the findings and recommendations of this Committee, it was quite evident that the Government are awake to the medical needs of the State, and, as far as they are able to provide the necessary funds, will do what is possible to improve the present provision. This is acknowledged to be far from satisfactory, though, in point of numbers, the existing agencies compare favourably with the medical agencies in other parts of India.

The Committee has brought forward a number of proposals, all of which will involve the expenditure of large sums of money, initial and recurring. So far as the general question is concerned, the programme for the next five years includes the opening of 110 new dispensaries, 22 in each year. The local officers have prepared careful data to guide the Department in the selection of sites for these dispensaries, and, provided they are well manned, a great advance will have been made. But herein lies the great difficulty, for the provision of an adequate staff is a problem not easily solved. Up to the present, the Mysore Medical Service has depended mainly on the supply of students who have passed through the Madras Medical College, but of recent years this supply has been cut off, as places were not available for students from outside the Presidency. The remarks of the Senior Surgeon are scarcely complimentary to his present staff of medical men in charge of the district hospitals, and he strongly urges that a higher grade of practitioner shall be selected to hold these and other responsible posts. It is well that the Government should recognise that, under present conditions, the right type of District Medical Officer is not being evolved, and that through no fault of their own. In most cases they have entered the service with limited training, and during their service they have had little opportunity of carrying on the studies begun in the college. In too many cases, it must, of course, be recognised, the conditions of service in small out-station dispensaries, where there is no supervison, render men unfit for higher responsibilities. Few of them have any practical experience of surgical work, for no provision is made in their hospitals, save in Bangalore and Mysore city, for any but minor operations. When, at last, they have charge of district hospitals, most of their time is occupied in administrative work. The Senior Surgeon urges that, until such time as efficient training can be given in the State, highly qualified men should be brought into the State.

The Dewan, after quoting the remarks of the previous Dewan, about the establishment of a Medical College for the training of students:—"while sympathising with the proposal, however, Government feel that the limited demand that exists in the State for highly paid medical men will scarcely justify at present, the expense involved in maintaining a Medical College"—stated that the position would have to be reconsidered in view of the late influenza epidemic, which showed up the inadequacy of the medical organisation. The Committee has carefully considered the proposal, and it estimates that the initial expenditure will be nearly Rs. 9 lakhs, with a recurring expenditure of over Rs. 60,000. Though the future of this scheme is indefinite, the Government appear to have decided on the reorganisation of what is known as the Ayurvedic College in Mysore City. The question of Ayurvedic and Unani systems of medicine has been discussed a good deal in the last two or three years, and the idea of developing them has met with popular approval.

There is a very important aspect of medical work which ought not to be any longer neglected. Surely, if the women of the State are entitled to special provision for education, they ought to have special favour shown to them in medical matters. They stand in a peculiar position. The men doctors are not permitted to lay hands on the women, and all the examination has to be done from a distance. The majority of women treated in Government hospitals are treated on the description of the illness given by some male member of the family. In many cases the messenger is a mere youth who proceeds with great confidence to describe the symptoms of his mother, sister, or aunt, and the doctor is expected to prescribe on that information. Outside the two large cities the provision is most inadequate, and the establishments are unworthy of the Department. We do not wonder that women fear to visit them, and prefer to suffer in silence at home. There is need for a capable woman doctor at the head of the women's section of the Department, and we understand that the Government are contemplating such an appointment as soon as a suitable candidate is available. Wherever these women's hospitals exist, that is in the District Headquarters, practically no provision is made for beds, all the cases requiring continued treatment having to go the men's hospital. In three or four towns in the State the Missions have established well-equipped hospitals of which the late acting Dewan spoke in the highest terms on the occasion of his tours in the district. We do not see why the State hospitals for women should fall so far behind these voluntary hospitals. It is a subject which ought to have precedence in considering the medical provision of the State. Something has been done to increase the number of midwives in the district, and an extension of this scheme will prove a great boon to the villagers who are far distant from medical aid, and who would hesitate to make a journey into the town where the hospital was situated. The desire to lessen the death-rate among children will lead to a better use of the medical provision already made for such cases.

The State also needs a Bacteriological Institute and Public Health Laboratory. The Senior Surgeon says:—"We have enough materials for such research work in our midst, but, alas, we are sadly wanting in men to undertake the work. We have no experienced and competent men at present. We require a man with an established reputation for such work, to be placed in charge of the Bacteriological Institute. The doctors in the various hospitals often find themselves in great difficulties owing to the lack of adequate facilities for getting blood tests, etc., so making diagnosis most difficult." In a State the size of Mysore, facilities ought to be provided so that a medical practitioner, whether in Government or Mission hospitals, or in private practice, should be able to get the necessary assistance. All well-equipped hospitals are provided with a competent bacteriologist, and it is deplorable that in the whole State no such provision is made. The addition of ear and throat specialists to the Victoria Hospital is also recommended. At the present time, the Mysore Government and the people are showing great interest in the question of industrial and general development, but much of the energy and money spent will be wasted unless, at the same time, a serious effort is made to raise the physical standard of the population, which can only be done by adequate medical provision.

Efficiency Audit Branch.

28

ABSTRACT OF NEWSPAPER INTELLIGENCE.

Date 7th November 1919. DIARY No. 7763

	Subject of article	Name of newspaper, date and page	Remarks
	Medical work in Mysore.	The Madras Mail 6.11.1919. Leader.	Refers to the Special Committee's recommendations regarding the provision of adequate medical aid in the State and says that, under present conditions, the right type of surgeon is not to be had owing to their limited training and lack of opportunities to improve their knowledge; that the State needs an effibient Bacteriological Institute and Public Health Laboratory and that the question of female medical aid should receive Government's sympathetic and special attention.
349	Silk Industry.	The Madras Times. 6.11.19.	Refers to the measures taken to encourage silk industry in the state and adds that the State has not been able to keep the experts they have appointed which affects the development of the work.
350	Sanitation.	-do-	States that sanitation has made great progress in Mysore, that in regard to drainage projects in cities, the results are commensurate with the expenditure incurred and that ill-paid men are employed as sanitary inspectors in the urban and rural areas.
351.	Correspondence.	The Vrittanta Patrike. 6.11.19.	A correspondent says that the T.A. of masters deputed from Chitaldrug to undergo training at the Hobbal School, has not been disbursed to them for the past 18 months and prays that Government may look into the matter.
352.		-do-	A correspondent complains that the School masters of Shimoga taluk have not been paid the increase of salary sanctioned by Government, for certain periods in the years 1914 and [illegible] that correspondence in the matter has been of no avail.

Chief Secretary

This may be sent to the Chief Secretariat (Medical Section), noting Chief Secretary's orders against article No: 348.

All. Submitted 11/11

Serial No.

~~A clean copy of draft as revised is put up for [illegible] 2970.~~

19A From the Camp Camera
No 8C 136 dt 5th Nov 1919.
Forwarded a copy of the note on the Question of Medical relief in the State sent in by Mr Macnamara Health officer. K.G.F. who suggests that the students passing from the Ayurvedic schools of the State should be appointed as vaccinators and medicine men in Hobli and that the Sheikdar of each Hobli should be entrusted with the work of looking after Sanitation also.

57) Submitted for perusal
Got 8/11/19 necessary additions have been made to the abstract already put up
8/11/19
57) Please make a list of the persons from whom opinions have been received & number them serial marking them on notes with the same numbers.

58) Please make a copy the abstract as revised in three (not two as now) columns (as) column being for remarks.
List abstract to be typed

G. R. S. III-2]

General and Revenue Secretariat.

Secl File No. 70 of 191 8

375

Serial No.	
55)	Typed statement, ~~received~~ (4 + 15) put up 6/1/20 6/1
56)	Please note which of the measures advocated in the Report of the Special Committee appointed in February last and of those advocated by the various gentlemen who have furnished their opinion on the Report have since been sanctioned or are under active consideration.
57)	Submitted with a statement (C) 15/1/20
58)	The report of the Committee of the Representative Assembly formed for Considering the Question of medical relief to the rural population was laid before the Senior Surgeon for being placed before the medical relief Committee.
59)	The Senior Surgeon was asked in this office letter no. G. 4288 of 22.8.19 to submit any detailed proposals for utilising the provision in the Current Year's budget for extension of medical aid & this reply has not yet been received. Reminders have issued regularly & another is under issue. 12/1

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

Res. File No. 70 of 1918.

7375

Serial No.

66) The opinions so far received are tabulated for ready reference in two Statements A & B put up below and a third Statement C. is also put up to show which of the measures advocated in the Report of the Special Committee appointed in February last and of those advocated by the various gentlemen who have furnished their opinion on the Report have since been sanctioned or are under active consideration.

61) The minutes of the 2nd Member on the Report of the Special Committee are recorded on pages 9 to 13 of these notes.

62) Final orders are now to be passed on the points dealt with in the Report as well as the opinions which it has elicited so far.

Chief Secy.) Dcg 19/1/20.

63) May be circulated & considered in Council.

2nd Member 23/1/20

CDJ 28/1/20 Dcg

DEWAN'S OFFICE
Regd. on JAN 27 1920
Reg. No. 5108.

3567 20-1-20

C.S. Circulate. CDJ 27/1/20 Dewan

CS 3/1/20

CDJ 26/1/20 Dcg

64) This may be done

28.1.20

C.422 BY

Extract from the Proceedings of the 520th *Meeting of the Council of His Highness the Maharaja, held at Bangalore on the* 19th February 1920.

1. Subject. - Clause xii of the schedule.

Report of the Committee appointed to consider the question of Medical Relief in rural parts and the starting of a Medical Faculty in the Mysore University.

Opinion of the Council.

(5) The recommendations of the Committee are generally accepted with the following observations:-

(6) 1. As regards allocation of cost between Government and local bodies, the initial and recurring charges may be borne equally by Government and local bodies.

(7) 2. The question of development of Ayurvedic and Unani Medical relief may be considered along with proposals for the improvement of the Ayurvedic College.

(8) The recommendations may be given effect to as funds can be provided.

(Signed) M. Kantaraj Urs,

Dewan of Mysore

"EXTRACT"

S. Balasundaram

Chief Secretary to Government.

WD 1148—GPB—1,000—23-12-18

G. R. S. III-2]

C. 422

37

General and Revenue Secretariat.

Secret File No. 70 of 1918.

Serial No.

Extract from the Proceedings of the Council is put up.

Forwarded, with compliments, to the Financial Secretary to Government, for concurrence or remarks, if any.

By order,

C S Balasundaram 27/2/20

Chief Secretary to Govt.

2034-G

2896 17/2/20

I beg to invite reference to my note dated 16th February 1920 on the revision of the Financial Settlement. It will be seen from it that the scope for additional expenditure in the next three years is extremely limited. Increased relief to the low-paid officials and menials on account of high cost of living is an additional demand for which funds have to be found. Taking this demand into account, there is practically no margin for any additional expenditure in the next three years. If, in these circumstances, the recommendations of the Committee appointed to consider the question of Medical relief are generally accepted and an announcement to that effect also made, the public will expect that the accepted recommendations will be given effect to in some reasonable instalments from the next year. As I have stated above, there are no means for increasing the standard of expenditure on the Medical Department in the next three years and I am, therefore, respectfully of opinion that it is not advisable to raise expectations which, with the available resources, it is not possible to satisfy. I would, there-

fore

1375

34

I. R. S. III-2] C.422.

General and Revenue Secretariat. | Med. File No. 70 of 1918.

Serial No.

therefore, we suggest that any public announcement to be made regarding the acceptance of the recommendations of the Committee may be deferred until the financial position in the next three years and the margin available for additional expenditure as considered in connection with the revision of the Financial Settlement which is now before Governme

21.2.20

Chief Secy).

76) Answer pr D.F.N. being put up submitting
3rd member.

Med
25/2

Chf
24/2/20

D.F.N. put up.
Gn GBB 26/2 71) Please make the draft a little
26/2/20. more elaborate as per instructions.

26/2/20.

Received D.F.N. put up.
Gn A clean typed Copy will be
27/2/20 put up after approval.
GBB
27/2

Yes please
28/2/20.

72) Typed D.F.N. put up. For approval.
Gn GBB 2/3
6/3/20. 3rd Member) 5/3/20.

4657
5.3.20
NOTE—Contn. sheet.

73) D.F.N. revised - approved.
6/3

WD A 1789—GPB—60,000—26-3-18—S.

7375

35

G. R S. III-2]

General and Revenue Secretariat.

Mec File No. 70 of 1918.

Serial No.

DEWAN'S OFFICE.
Recd. on MAR 8 1920
Reg. No. 6152

D. S. N. Smith.

8/3/20

Dewan

8/3

NOTE—Contn. sheet.

Final Note by the Third Member of Council.

Subject:—

Action proposed to be taken on the Report of the Committee appointed to consider the question of medical relief in the State and the constitution of a Medical Faculty in connection with the University of Mysore.

'S 94) A Committee was appointed in February 1919 with the Senior Surgeon as President and the marginally noted officers of Government and non-official gentlemen as members to consider the question of medical relief in the State in its various aspects with special reference to the following points:-

1.Mr.H.B.Mylvaganam, F.R.C.S.
2.Mr.C.S.Balasundaram Iyer, B.A.
3.Dr.Miss.R.Govindarajalu, M.D.
4.Rajakaryaprasakta Rao Bahadur Mr.M.Shama Rao, M.A., Inspector General of Education (retired)
5.Mr.S.R.Balakrishna Rao, B.A., LL.B.
6.Mr.Gulam Ahmed Kalami.

(i) adequacy or otherwise of the present organization for medical relief in the State;

(ii) necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State;

(iii) feasibility of extending medical aid through Ayurvedic and Unani institutions;

(iv) improving female medical relief throughout the State;

(v) a programme for the next 5 years and the advisability of starting a Medical Faculty in the University and reorganising the Medical School;

(vi) question of adjusting the financial responsibility of Government, Municipal Councils and District Boards in re medical institutions;

and (vii) immediate requirements of the department - additional medical staff needed in all grades and how to recruit them.

2. In March 1919, Mr.M.Subbiah, B.A., General Secretary of the Vokkaligara Sangha, was added on to the Committee and the report of the Special Committee of the Representative Assembly for improving medical aid in the rural areas submitted by him was asked to be placed before the newly formed committee for consideration.

3. The Committee met twice to consider the terms of reference made to them and submitted a report containing their joint recommendations through the Senior Surgeon on 22nd April 1919 and three of the members namely, Messrs.Mylvaganam, Balakrishna Rao and Gulam Ahmed Kalami also submitted individual notes on the subject through the Senior Surgeon.

4. The main recommendations made by them relate to the following:-

(1) opening of 110 new dispensaries within the next 5 years to be manned chiefly by Sub Assistant Surgeons;

(2) posting of Sub Assistant Surgeons in addition to Assistant Surgeons to certain important dispensaries;

(3) development of District Hospitals so as to bring them to an up-to-date standard;

(4) Construction of new and up-to-date buildings for the Lunatic Asylum;

(5) extension of medical relief through Unani and Ayurvedic dispensaries if properly qualified vaidyas can be turned out from the Training Institution at Mysore;

(6) providing each taluk headquarter with a female dispensary in charge of a Lady Sub Assistant Surgeon and two midwives;

38

(7) opening of a Maternity in each District headquarter with facilities for training dayees in midwifery;

(8) construction of a building for the Maternity Hospital, Bangalore, and provision of facilities for training dayees in midwifery;

(9) starting a Medical Faculty in Bangalore in connection with the University of Mysore and establishing a Medical College;

(10) fixing a programme of expenditure during the next 5 years as follows:-

1st year	....	Rs. 9,27,012
2nd "	....	" 9,55,024
3rd "	....	" 10,13,036
4th "	....	" 10,71,048
5th "	....	" 11,34,064

(11) continuance of maintenance of the District headquarter Hospitals from State Funds;

(12) apportionment in equal shares of the maintenance cost of the dispensaries in the rural areas between the State and the District Funds, the initial cost being borne by State Funds.

(13) raising the minimum pay of Sub Assistant Surgeons to Rs.50/-;

(14) improvement of the pay and prospects of compounders.

76) 5. On 21st August 1919, the report was ordered to be published in the Mysore Gazette and public opinion was called for. The Senior Surgeon was asked to submit detailed proposals for utilising the provision in the current year's budget for extension of medical aid.

V & T 7a) 6. The opinion received while generally in favour of the

39

recommendations of the Committee make some more specific recommendations which are to the following effect:-

(i) The opening of dispensaries in some specific places.

(ii) the establishment of a homeopathic dispensary to begin with in Bangalore,

(iii) the establishment of an ayurvedic dispensary in every hobli and in every big village, the cost being met from District Funds,

(iv) the opening of an ayurvedic medical store,

(v) the appointment of Lady Health Visitors and the teaching of midwifery as a compulsory subject in the Maharani's College, and

(vi) raising the pay of Sub Assistant Surgeons to Rs.70-10-100.

80) 7. The report as well as the opinions of several public bodies and private persons were fully discussed at a meeting of the Counci on 19th February 1920 and the following resolution was passed:-

Page 30 of office Notes

"The recommendations of the Committee are generally accepted with the following observations:-

1. As regards allocation of cost between Government and Local Bodies, the initial and recurring charges may be borne equally by Government and Local Bodies.

2. The question of development of Ayurvedic and Unani Medical relief may be considered along with proposals for the improvement of the Ayurvedic College.

The recommendations may be given effect to as funds can be provided."

8. When the file with the council resolution was forwarded to the Financial Secretary for concurrence or remarks if any, he

Pages 31&32 of Office Notes

recorded the following opinion:-

"I beg to invite reference to my note dated 16th February 1920 on the revision of the Financial Settlement. It will be seen from it that the scope for additional expenditure in the next three years is extremely limited. Increased relief to the lowpaid officials and menials on account of high cost of living is an additional deman for which funds have to be found. Taking this demand into account, there is practically no margin for any additional expenditure in the next three years. If, in these circumstances, the recommendations of the Committee appointed to consider the question of Medical relief are generally accepted and an announcement to that effect also made, the public will expect that the accepted recommendations will be given effect to in some reasonable instalments from the next year. As I have stated above, there are no means for increasing the standard of expenditure on the Medical Department in the next three years and I am, therefore, respectfully of opinion that it is not advisable to raise expectations which, with the available resources, it is not possible to satisfy. I would, therefore, suggest that any public announcement to be made regarding the acceptance of the recommendations of the Committee may be deferred until the financial position in the next three years and the margin available for additional expenditure are considered in connection with the revision of the Financial Settlement which is now before Government."

7. With reference to the above opinion of the Financial Secretary it may be stated that the resolution does not commit the Government to incur the expenditure involved in the proposals and that therefore there is no harm in Government announcing at a suitable time, perhaps in answer to an interpellation, that they have accepted the proposals of the Committee with certain modifications.

8. The resolution of the Council may be graciously approved.

MEMBER OF COUNCIL.

8th March 1920.

Submitted to His Highness.

I submit herewith a Final Note by the Third *Member of Council on the subject of* the action proposed to be taken on the Report of the Committee appointed to consider the question of medical relief in the State and the constitution of a Medical Faculty in connection with the University of Mysore,

for His Highness' gracious approval.

9th March 1920

Dewan.

42

Record of Cases submitted for the Orders of His Highness the Maharaja

No.950
---
9 - 3 - 20.

Subject.

Proposal to accept, with certain observations, the report of the Committe appointed to consider the question of extending Medical Relief in the State.

1001.
Returned with D.O. No. C. 20 dated 9/19-4-20

Order.

Rec'd 0/25 21.4.20 d. Dr

D.O. No. C 20

Enc 1 Pkt.

40

" Cheshma-i-Shahi,"
Srinagar,
8th April 1920.

19.

My dear Sir,

I am directed to return the accompanying file No. 950 dated 9th March 1920.

85) His Highness is anxious that special and continuous attention should be paid to this all-important question of public health, and he trusts that it may be possible for Government to give effect to the recommendations of the Committee without unnecessary loss of time.

86) It seems to His Highness no harm in publishing the Resolution of Government on the Subject, so long as Government make it clear that the recommendations, submitted by the Committee and accepted by Government, can only be given effect to as funds become available.

87) In this connection, I am to suggest the desirability, if not the imperative necessity, of having a well-equipped and up-to-date Hospital at Shimoga, which would serve the whole of the Malnad. The present Hospital, as His Highness noticed during his recent visit to Shimoga, is badly housed, and lacking in many of the conveniences of even a fairly decent modern hospital. His Highness will be obliged if you will kindly have this question considered, and a note sent up to him in consultation with the Senior Surgeon. If you agree, this item may also be included in the programme now chalked out for Medical improvements in the State.

88) As regards funds, His Highness would be glad

to know why, if we are going to raise a loan, — Government should not borrow a little more, and pay for these much-needed Medical reforms ?

Yours sincerely
Muza M. Ismail

Sirdar M. Kantaraja Urs, C.S.I.,
Bangalore.

1375

C. 422.

45

venue

Mcd File No. 90 of 1918.

Serial No.

5940
Mcd

Subs to 3rd member.

CRK
24/4/20.

89) A suitable draft may be prepared for approving the recitals & the Covenants in the Lease & Counterpart recitals, including in the proposals & particulars of Agreement & Equipment & the Shewaki Irrigation.

90) The Secretary may be asked to submit a list of persons for Superintendent of Shewaki Irrigation & bringing it up to date.

91) The Financial Secretary may be asked to work out & work & make necessary provision in the budget. His attention may be drawn to the last para of the letter & he may be asked to furnish the particulars mentioned.

Illegible
25/4

92) Submitted with 2 drafts.

Illegible
27/4/20. Typed drafts please

27/4/20.

Illegible
Illegible
27/4

NOTE—Contn. sheet.

C 422 / 375

enue | Nos File No. 70 of 1918. | 48

Serial No.

Draft to put up. For approval
No 088
30/4/20. 30/4 Chief Secretary) 30/4/20.

3rd member

6169 4/5/20

93) Drafts approved. may be issued
Hon Financial Member for
further action. 5/5

5/5

96) Issue after [illegible]

5/5

To the Financial Secretariat for favour of opinion.

5/5/20

95) As regards the enquiry, in the last para of the Huzur Secretary's letter dated 8th/19th April 19; I submit that the proposal to meet the cost of medica reforms from loan funds is opposed to financial rules

96) Two of the fundamental rules of public finan are the following:--

(i) The entire annual cost of administration -- should be met from current revenues, and

(ii) The cost of productive works alone should be met from loan funds.

97) The extension and improvement of medical aid is part of ordinary administration and the cost of all measures undertaken with this object should be

met

FINANCIAL SECRETARIAT. BANG[illegible] 1920

5.10.

7/20 2) 39 eq

This has been sent to me on 19th. I was on leave yesterday & could note on it only today. The finance Branch should explain who are responsible for keeping this table from 5th to 19th.

21-5-20

Sulai. Explanation is being obtained for Sultan's trousers.

12-5-20

NOTE—Contn. sheet.

Serial No.

from annual revenues. The underlying principle of this rule is that all recurring expenditure should be met from recurring revenues and also that all charges which do not bring in a direct cash return should be treated as revenue expenditure and not as capital expenditure. If a recurring charge like that on the -- maintenance of medical institutions is met from loan funds, we shall have to borrow for the purpose every year--an arrangement financially unsound for obvious reasons. The financing from loan of even non-recurring expenditure like that on buildings and equipment required by medical institutions would mean the provision of funds from revenues for sinking fund and -- interest charges. It is the recognized principle of public finance that even charges of the latter kind should be met from revenue funds and not from loan funds.

(2) The only purpose for which it is financially considered legitimate to borrow--excepting of course, extraordinary demands on occasions like famine or war is the construction of productive public works, i.e., works which after a reasonable time are capable of meeting the interest and sinking fund charges required for the service of the loan, and which accordingly will not prove a burden upon the annual revenues. In other words loan funds can be utilised only for creation of assets and not for objects which are in the economic sense unproductive.

(3) We have now no debt of the class called "unproductive" debt. If we utilise the proceeds of a

loan.

Serial No.

2739-46

loan for purposes like medical reforms, we shall be creating an "unproductive" or "dead-weight" debt. The creation of such debt except as I have stated above, for meeting very extraordinary demands like famine is considered financially unsound. I may add that even the Government of India have now no such unproductive debt except for the one hundred million pounds sterling which was given as India's free gift to the United Kingdom on account of the late war.

(c) In the circumstances, explained above, I am very respectfully of opinion that we should not adopt the policy of diverting loan funds for ordinary purposes of administration.

21-5-20

(Chief Secretary)

Submitted for orders.

22/5/20. 22/5

(d) May the drafts issue now & the file then sent to the Huzur Secretary for submission to His Highness?

6632 24-5-20

(3rd Member) 24/5

22/5/20.

(b) Issue & re-submit with a draft D.O. to the Huzur Secretary.

25/5/20.

NOTE—Contd. sheet.

G. R. S. III-2j

General and Revenue Secretariat. | Med File No. 70 of 1918.

47

Serial No.

Fc 2883-9

103) H.D. opinion is recorded on Pages 31 & 32 and 44 to 46 of the Office Note.

~~2~~ 104) According to the report of the Committee appd. to consider the question of Medical Relief, the programme of Expdr. for the 1st year was fixed at Rs 9,27,012.

The Draft B.E. estimates for 1920-21 provide for transferred Rs 9,27,000

105) The G.C. says that "the recommendations of the Committee will be given effect to as funds become available".

Sd. with Draft Hair copies

Hosey) 18/2/6/20

Rgd 11/6/1920.

8686/26 Hm

Done Mch 3-6-20

Issued 4/6 Bx 4/6

28. To

The Senior Surgeon
The Comptroller Transferred
The Adts of H. Board
The Inspr of Hospitals

No. G. 26855-65 D. 31-5-20.

Passes orders on the report of the Medicine Relief Committee.

29 To

The Senior Surgeon

NOTE—Contn. sheet.

Serial No.

No. 27444 dt. 14.6.1920.

Request to submit for the orders of His Highness, embodying his proposals for having a well equipped and up to date hospital at Shimoga which would serve the whole of the Malnad.

Sealed with office (b) para 2. The papers the file may be sent unofficially to the Hon'ble Secretary.

(Sd.) C.S. 24/6/20.

24/6 Ld. 24/6. (Chief Secy.)

Yes CSM 24/6.

File re Report of the Committee appointed to consider the question of Medical Relief in rural parts and the starting of a Medical Faculty in the Mysore University is forwarded, with compliments, to the Hon'ble Secretary to His Highness the Maharaja of Mysore, for kind perusal of the Financial Secretary's opinion regarding the proposal to raise a loan to provide funds for Medical reforms in the State.

By Order,

(Sd.) Subbarayappa,

For Chief Secy. to Govt.

3rd July 1920.

Paras 7 5 15 160
Page 2 46 to 48
(M [illegible])

No. 174

The Financial Secretary's opinion is perfectly sound & there is no reason for him to say anything on the subject.

16.7.20

CM

order by the Hon'ble Chief Secy recorded B 27/7/20

No. G.C.467-35 Office of the Senior Surgeon, Mysore Govt.

ncls. Dated Bangalore, 22nd April 1919.

From

Rajakarya Pravina Rao Bahadur

T. V. Armugam Mudaliar, Esq., M.B., C.M.,

Senior Surgeon with the Government of

H.H. the Maharaja of Mysore, Bangalore.

To

The Chief Secretary to the Government of

His Highness the Maharaja of Mysore, Bangalore.

Sir,

With reference to Government order No.G.17729-35-Med. 70-18-1, dated 18th February 1919, appointing a special Committee to consider the question of the adequacy or otherwise of the existing arrangements for medical relief in the State and other allied matters, I have the honor to forward herewith, the report of the said committee embodying their opinion on the several points referred to them for consideration.

Mr. S.R.Balakrishna Rao, to whom the report was sent, in circulation, has added below his signature "vide my note on Ayurvedic institutions to be appended". But no note of any kind was read by him at the meeting nor did he express his intention of sending one. Mr. Mylvaganam has also added "vide my note on Medical Faculty." All that Mr.Mylvaganam spoke or read out from certain rough notes at the meeting, regarding the necessity of the early institution of a medical faculty at Bangalore, and the rough estimate of the initial and recurring cost of the scheme, has been incorporated in the report under the proper heads.

I have the honor to be,

Sir,

Your most obedient servant,

T. V. Armugam

Senior Surgeon.

From

The Senior Surgeon
with the Govt. of Mysore,
Bangalore.

To

The Chief Secretary to Govt,
Bangalore.

Dated 22nd April 1919

Despatched

Received ..

General No. G.C. 480-5

No.

Enclosure No. / 2nd

Subject.

Submits the special committee's report regarding the Medical relief.

Report of the Committee appointed to consider the question of Medical Relief.

With reference to Government order No.G.17729-35-Med.70 18-1, dated the 18th February 1919, we, the members of the committee therein constituted to consider the question of the adequacy or otherwise of the existing organisation for medical relief in the State and other allied matters, have the honpr to submit the following report.

The committee met in the office of the Senior Surgeon on the 15th and the 16th of April 1919. All the members (including Mr. M. Subbiah added to the committee by G.O.No. G.22014-15-Med.70-18-2, dated 29th March 1919) were present, except Mr, Gulam Ahmed Kalamiwho did not attend.

We have duly considered the several points referred to us for consideration and our recommendations, based on the information furhished by the President and further elicited during the discussion, are as follows.

I. Adequacy of the present organisation for medical relief.

We are of the opinion that the existing organisation for medical relief is not quite adequate and needs improvement. Excluding the Bangalore and the Mysore Cities, there are now 120 Local Fund Dispensaries in the State which are insufficient to meet the medical needs of the rural population.

(1) We recommend the opening of 110 new dispensaries during the next five years. We have carefully gone through the list of places where dispensaries now exist and of those where the opening of new ones is suggested by the Deputy Commissioners and the District Medical Officers of the several Districts.

Considering the area, population and the climatic and other conditions of the several localities, the 110 new dispensaries may be distributed as follows:-

Bangalore District	10
Kolar	12

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Tumkur 14
Mysore 17
Chitaldrug 15
Hassan 10
Kadur 14
Shimoga 18

Total 110

To enhance the usefulness of the dispensaries at the important stations of Nanjangud, Seringapatam, Channapatna, Chickbullapur Davangere, Saklespur, Mudigere and Koppa, we think it desirable to post a Sub Assistant Surgeon to each, to help the Assistant Surgeons now in charge, in doing major operations, and to increase the number of beds in these institutions to 10 or more according to local needs. Similarly, an extra Sub Assistant Surgeon (a junior) may be posted to each dispensary in certain other places which have a large population or are considered to be important from a commercial or other point of view, the number of such places being limited to 20. The committee would leave the selection of the places where new dispensaries should be opened and of those where extra Sub Assistant Surgeons should be posted, to be made by the Senior Surgeon in consultation with the District Boards concerned. We further think it necessary to develop the present hospitals in District Head Quarters other than Bangalore and Mysore and to bring them up to date. It is also necessary to construct new up to date buildings for the Lunatic Asylum

2. Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State

This point has been dealt with under point No.1.

3. Feasibility of extending medical aid through Ayurvedic and Unani institutions.

We think that the extension of medical aid through indigenous institutions is feasible if properly qualified Vaidyans and Hakims could be turned out from the training institution at Mysore, which, again, is possible only if competent Professors of the Ayurvedic and Unani systems of medicine become available.

4. Improving Female Medical aid throughout the State.

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4. Improving female medical aid throughout the State.

The provision, at each Taluk Head Quarter, of a female dispensary in charge of a lady Sub Assistant Surgeon, is an ideal which the committee would recommend to be kept in view and worked up to, as qualified hands become available. Each such dispensary should be provided with two midwives, so that one may always be available for work at the dispensary when the other is called away to attend on labour cases outside. It is desirable to have maternities at each district head quarter and to provide facilities therein for local dayees to undergo training in scientific midwifery. They shpuld be provided with quarters in the premises and be granted liberal scholarships. The committee are given to understand that this matter is already under the consideration of Government and that a beginning has been made in Shimoga. We would press for the early construction of an up to date building for the maternity at Bangalore, which should be shifted from the present antiquated building.

5. (1) Advisability of starting a medical faculty.

We think it is advisable to start a Medical Faculty at Bangalore in connection with the Mysore University, at a very early date, by establishing a Medical College. the cost of which works out, roughly, as follows:-

Initial cost, on builgings, viz., lecture halls, physiological and other laboratories, museum, students' hostel, etc ---	Rs.	7,00,000
Furniture and equipment for above		1,25,000
Total initial cost ,	Rs.	8,25,000
Annual recurring expenditure, when all the five college classes are working,		
Pay and allowances to the Tutorial staff	Rs.	45,000
Do. to clerical and menial staff ---		6,000
Requirements of the laboratories and other contingencies --- ---		9,000
Total recurring		60,100

(2) Reorganisationof the Medical School

This will follow on the establishment and develop ment of the Medical College proposed above.

(3) Programme for the next five years.

If the work of opening the new dispensaries, the development or improvement of certain existing medical institutions

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the improvement of the other existing medical institutions and the starting of the medical college, be spread over five years, the work to be undertaken in each year will be,

I yr. opening of 22 L.F. Dispensaries initial cost Rs.	4,04,000
recurring do.	48,012
Improvement of 2 District Head Quarter Hospitals and female dispensary (roughly) ---	60,000
One-fifth cost of construction of medical buildings, viz, Lunatic Asylum, Maternity and Medical College -- about	4,00,000
Working of the first year college class about	15,000
	Rs. 9,27,012
II Year. Opening 22 new dispensaries, initial cost	4,04,000
recurring cost for 44 dispensaries	96,024
Improvement of one Head Quarter Hospital and female dispensary ---as above.	30,000
One-fifth cost of new medical buildings --	4,00,000
Working of two college classes -- --	25,000
	Rs. 9,55,024
III Year. Opening of 22 new dispensaries ---	4,04,000
recurring charges for 66 dispensaries	1,44,036
Improvement of a District Hd. Quarter Hospital	30,000
One-fifth cost of medical buildings	4,00,000
Working of three college classes ---	35,000
	Rs. 10,13,036
IV Year. Opening of 22 new dispensaries initial cost	4,04,000
recurring charges for 88 dispensaries ---	1,92,048
Improvement of a Dt. Hd. Qr. Hospital and female dispensary --- ---	30,000
one-fifth cost of medical buildings as above	4,00,000
working of four college classes ----	45,000
	Rs. 10,71,048
V Year Opening of 22 new dispensaries initial cost	4,04,000
recurring cost of 110 dispensaries ---	2,40,060
Development of one Dt. Hd. Qr. Hospital and female dispensary ---	30,000
one-fifth cost of construction of medical buildings as above ---	4,00,000
Full working of the Medical College ---	60,000
	Rs. 11,34,060

6. Question of adjusting the financial responsibility of Government, Municipal Councils and District Boards in regard to medical institutions.

The District Head Quarter Hospitals are now being maintained entirely by Government and we think that this may be continued. As regards the medical institutions in rural areas, the majority (4) of us are of opinion that, in view of the poor finances of most of the district and municipal boards, the Government may be pleased to bear the entire initial cost of dispensaries, and one half of the total recurring charges, the other half being met by the local bodies. The opinion of the two

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dissenting members is that the Government and the Local Boards may bear the initial as well as the recurring charges equally.

7. Immediate requirements of the department.

As regards Medical Officers (Surgeons and Assistant Surgeons) we understand that the full sanctioned strength is now working and that in view of the improved pay and prospects recently sanctioned, recruitment to this class will offer no difficulty.

It is only Sub Assistant Surgeons that will be required in large numbers, say, 25 to 30 every year, at least during the next five years, for the new dispensaries and to fill up the vacancies. The minimum pay of Rs.45 recently fixed by the Government may not be inadequate to local candidates. But in view of the fact that for some years more we shall have to depend on qualified hands from outside, we recommend the raising of the minimum pay of Sub Assistant Surgeons to 50 Rs. the minimum obtainable in the Madras service. We understand that Government have sanctioned 25 scholarships of Rs.15 each for male candidates and 4 of Rs.20 each for female candidates to undergo training as Sub Assistant Surgeons, and consider that this provision is ample for our requirements. It was represented that sufficient number of local candidates possessing the required educational qualification were not forthcoming in the last two years and to meet the difficulty, the scholarships might be thrown open to outside candidates also, preference being given to local candidates. We, however, hope that, in view of the rate of scholarship being raised to Rs.15 and the improvement in the starting pay of Sub Assistant Surgeons, a sufficient number of local S.S.L.C. candidates will be forthcoming hereafter.

The pay and prospects of Compounders need early improvement and we recommend the early sanction of the scale proposed by the Senior Surgeon, when recruitment to this class will be easy.

The preliminary note read by the Senior Surgeon in

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in opening the discussion of the several questions, is appended to this report, together with its enclosures.

Note on the several points referred to the Committee, for consideration, by G.O.No.C.17729-35-Med.70-18-1, dated 18th February 1919.

1. Adequacy of the present organisation for medical relief.

Whether the existing arrangements for medical relief in the State are adequate, is a matter of opinion. While, from the popular point of view, the scope for increasing the number of medical institutions is very large, from an administrative point of view the question is purely one of ways and means. The following figures taken from the annual administration reports of the Medical Departments of the Madras Presidency and the Mysore State, for the year 1917, speak for themselves.

The Madras Presidency, with an area of 1,42,330 sq. miles and a population of 414,05,404, contains 707 medical institutions ~~(hospitals, dispensaries, etc.)~~ (indigenous institutions excluded) or one institution for every 201 sq.miles and for every 57,556 of the population. Mysore, with an area of 29,461 sq. miles, and a population of 57,05,359, contains 174 medical institutions, or one institution for every 169 sq. miles and for every 32,789 of the population. Compared with the neighbouring Presidency, therefore, the Mysore State has provided greater facilities for medical aid to its population.

The whole State is divided into 79 Taluks (including the Jahgirs of Yelandur and Sringeri). The average area of a Taluk is 373 sq. miles, which is equal to a circle of nearly 11 miles radius. Every Taluk contains at least one dispensary, at its head quarter. There are 28 Taluks containing two dispensaries each, 4 containing three dispensaries each, the Taluks of Sanjarabad, Sagar and Chickmagalur contain four dipensaries each and the Taluks of Tarikere and Thirthahalli contain five dispensaries each. A Districtwar and Talukwar Statement showing the names of places where dispensaries exist, is appended. Places where new dispensaries are proposed, are also shown in the statement.

2. Necessity for increasing the number of Hospitals and dispensaries in the outlying parts.

From the opinions furnished by the District Officers, the

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the opening of new dispensaries is necessary in ten places in the Bangalore District, twelve in the Kolar District, 14 in Tumkur, 7 in Mysore, 7 in Hassan, 6 in Kadur, 17 in Shimoga and 24 in the Chitaldrug District or a total of 97. It may be taken that the number of new dispensaries required is about 100.

3. Feasibility of extending medical aid through Ayurvedic and Unani institutions.

There are 9 indigenous institutions in the Bangalore District, of which 3 are in the Bangalore City and 6 in the Taluks; one in the Kolar District, five in the Tumkur District; 11 in the Mysore District, of which four are in the Mysore City and 7 in the Taluks; 3 in the Hassan District, 3 in the Kadur District; 6 in the Chimoga District; and 6 in the Chitaldrug District. So long as the standard of training and the qualification of Vaidyans and Hakims remain what they are at present, it is a point for consideration, how far it is justifiable for Government to subsidise these indigenous institutions and authorise medical aid to the population though them. Some extracts from the Indian Medical Gazette, regarding the indigenous system of medicine are appended.

4. Improving female medical aid relief throughout the State.

Under this head, the first place has to be given to the provision of help to women in labor. There are 19 midwives in the Bangalore District, 16 in the Kolar District, 14 in Tumkur, 27 in Mysore, 15 in Hassan, 18 in Shimoga, 14 in the Kadur and 11 in the Chitaldrug District, or 134 midwives in all, working in the State. If a midwife be attached to each of the new dispensaries proposed in paragraph 2 above, the total number of midwives will be 234. Government in their order No.G.7849-51-Med.130-16-4, dated 29th October 1918, have sanctioned the grant of 10 scholarships of Rs.15 each to literate

women and 18 scholarships of Rs.10 each, to Dayees or women practising midwifery in the crude way. With the co-operation of the local revenue authorities and of non-official gentlemen, if the required number of candidates of each class could be secured, 28 qualified midwives will be turned out every year, of whom 20 can be available for the 20 dispensaries to be opened every year for the next five years.

As regards general medical aid to women, there are at present, three well equipped maternities at Bangalore, Mysore and Robertsonpet, six female Dispensaries, one at each of the other six District Head Quarters, with accommodation for a few beds, and one each at Sagar, Chickballapur, Tarikere and Tirthahalli. The total number of Female dispensaries (including Maternities) now working in the State is 13. The establishment of female dispensaries at Davangere, Nanjangud and Chintamani is under consideration. Female dispensaries, with accommodation for a few cases of confinement may with advantage be opened at Sakleshpur, Koppa, Mudigere and Kallurkatte. This will bring the number of female medical institutions to 20.

5. Programme for the next five years and the advisability of starting a Medical Faculty and reorganising the medical School

So far as medical institutions are concerned, the programme for meeting the requirements noted above are, 100 new dispensaries, development of each of the six Female dispensaries at District Head Quarters (except Bangalore & Mysore) the starting of seven new female dispensaries or dispensaries with provision for the admission of a few maternity cases. To this may be added the improvement of the existing District Head Quarter Hospitals (except those of Bangalore and Mysore). Spread over five years, the above work will mean, establishing 20 new dispensaries every year, development of at least one Civil Hospital and the connected Female dispensary, and the

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opening of two or three female dispensaries, during each of the next five years.

The cost of opening a dispensary works out as follows:-

Initial cost.	Dispensary with in-patients' wards	Rs. 11,000
	Quarters for staff --- ---	6,000
	Equipment -- Europe medicines and instruments --	1,000
	Furniture, bedding & clothing ---	400
	Total Rs.	18,400

Recurring charges		
Establishment.		
Sub Assistant Surgeon, 45-70, or	57½	
Charge allowance --	10, 15 or 20.	
Compounder	15	
Surgery Cooly	8	
Waterwoman ---	5	
Midwife	15 + 3 or 5	
Contingencies		
Bedding & clothing	5	
Dieting charges	5	
Country medicines ---	5	
Other contingencies	5	
Total per month Rs.	130½	or year Rs. 1,566
Cost of Europe medicines		600
Total recurring charges per year		Rs. 2,166

The present distribution of cost of dispensaries is as follows. Of the initial charges, the cost on buildings is met by State and District Funds in equal proportions, the cost on Europe medicines is met by Government and the cost of furniture, etc, by District Boards. Of the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines is met by Govt, and the other maintenance charges by the District Boards.

	State Funds	Dt. Fund.
The cost for 20 male and 2 female dispensaries will be		
Buildings Rs. 8,500 x 22	1,87,000	1,87,000
Equipment Europe medicines instruments, etc. 1000 x 22	22,000	
Furniture, bedding, etc. 400 x 22		8,800
Total	2,09,000	1,95,000
Development of a district hospital and the attached female dispensary --- roughly	30,000	
	2,39,000	
Recurring charges for 20 male and 2 female Sub Asst. Surgeons. (with sex allowance of Rs. 15 each --- (57½ x 22 + 15 x 2) x 12	15,540	
Other charges 73 x 12 x 22		19,27
Europe medicines 600 x 22	13,200	
Total	28,740	

The Medical School was started just two years ago and it will take another year to start the final year class or to have the four classes running together. Preliminary plan and estimates for constructing the necessary buildings have been submitted to Government and it may take some years before the work is actually taken up and finished. To start a Medical College, it will be necessay to have all the buildings and fittings ready, When a Medical Faculty may be instituted in connection with the local University and a Medical College started, has to be now considered.

6. Adjustment of financial responsibility between Government, District or Municipal Funds.

At present, the cost of constructing dispensary buildings and quarters to the staff is borne in equal proportions by the State, District and Municipal Funds in Municipal areas and by State and District Funds only, in other rural tracts. As regards equipment, the cost of Europe medicines and instruments (Rs.1,000) is met from State Funds and the cost of furniture, bedding & clothing, 400, from District Funds or District and Municipal Funds in the ratio of 1 : 1, or 1 : 2, or 2 : 1 according to the financial position of the local bodies. As regards the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines (about Rs.600) is met from State Funds and the other charges are met by the District Funds or District and Municipal Funds in the same way as the cost of buildings. How far either the Government or the local bodies may be relieved of any portion of their present share of the cost, has to be considered.

7. Immediate requirements of the Department.

Medical Graduates. Sanctioned strength is 9. Only one is

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~~Requirements.~~ Medical Graduates. The sanctioned strength is 9 and only one is now available. 8 more are required. In response to an advertisement, five applications have been received and if three or four candidates out of those who may pass out this year are secured, the requirements will be met.

Sub Assistant Surgeons. The sanctioned strength is 190, against which there are now 180, working in the department, leaving ten vacancies. Of the four candidates Mysore that passed the final Sub Assistant Surgeon's examination from the Royapuram Medical School, two have reported themselves. If the other two also report themselves, then six new hands have to be secured. One of the existing hands who has completed the seven years' service according to his covenant, has sent in his resignation. Few applicants with the proper qualification, are not inclined to join although the Government have raised the minimum pay of the the Sub Assistant Surgeon's grade to Rs.45. The local subordinate medical service will continue to be less attractive than that of Madras till the Madras scale of pay is introduced in Mysore in its entirety.

Midwives. Sanctioned strength 159. and the number now in service is 145, leaving 14 posts vacancies. There will be some difficulty in securing the number of qualified hands, as applicants often do not join after receiving order of appointment, on account of unwillingness to go to outlying stations.

Compounders. Sanctioned strength is 171, number in service is 154, leaving 17 vacancies. If the scale of pay of compounders is raised to 15 -18-21-25, as proposed, qualified candidates will be forth coming. The present scale of Rs.8-10-12-15, too inadequate.

Senior Surgeon.

Statement showing the names of places where dispensaries now exist and those where new dispensaries are proposed to be opened.

Name of District, Taluk and village.	Dispensary existing	Dispensary proposed	Population of Village	Population of Hobli.
Bangalore District.				
Bangalore Taluk (Pop.1,19,836)				
1. Vartur	1		1,108	11,462
2. Yelahanka	1		2,336	10,991
3. Beguru		1	2,515	16,902
Hosakota Taluk. (Pop. 75,690)				
1. Hosakota	1		4,552	12,584
2. Sulibele		1	2,041	12,017
Devanhalli Tk. (Pop. 62,632)				
1. Devanhalli	1		6,313	14,625
2. Vadigenhalli		1	4,375	12,970
Doddabullapur Tk. (Pop.73,833)				
1. Doddabullapur	1		7,272	21,694
2. Basalu		1	313	10,461
Nelamangala Taluk (Pop.66,727)				
1. Nelamangala	1		1,666	19,052
. Tyamagondalu	1		3,022	17,765
Nagadi Taluk (Pop.83,415)				
1. Nagadi	1		3,022	19,904
2. Tavarekere		1	1,531	9,776
3. Kuduru		1	1,627	15,665
Channapatna Taluk (Pop.76,831)				
1. Channapatna	1		7,624	29,644
Closepet Sub Taluk (Pop.45,438)				
1. Closepet	1		3,506	11,373
2. Didadi		1	1,364	14,668
Kankanhalli Taluk (Pop.95022)				
1. Kankanhalli	1		4,870	21,379
2. Harohalli		1	3,218	19,034
3. Sathanur		1	~~11,286~~ 1,569	11,286
Anekal Taluk (Pop.58096)				
1. Anekal	1		4,587	16,018
2. Sarjapur		1	2,681	15,443

Total, Bangalore Distt. "xisting12, (excluding the 5 in the City)
Proposed 10

Kolar District

Kolar Taluk (Pop.80,691)				
1. Kolar	1		8,193	22,128
2. Kyalanur (Vemgal Hobli)		1	1,906	16,743
Mulbagal Taluk (Pop.68,556)				
1. Mulbagal	1		2,677	12,108
2. Nangli (Bairakur Hobli)		1	1,655	14,627
3. Tayalur (Mallanaikanhalli Hobli)		1	1,911	10,589
Srinivaspur Taluk (Pop.64,170)				
1. Srinivaspur	1		3,430	19,132
2. Yeldur		1	1,515	10,264
Chintamani Taluk(Pop.o2077)				
1. Chintamani	1		2,570	19,433
Sidlaghatta Taluk (Pop.70,895)				
1. Sidlaghatta	1		6,512	24,252
2. Gudli		1	1,434	11,120
3. Jangamkote		1	1,877	16,494
Bagepalli Taluk (Pop.54099)				
1. Bagepalli	1		1,962	11,445
2. Pathapalya	1		995	8,794
Gudibanda/Taluk (Pop.17,739)				
1. Gudibanda	1		2,392	8,438
Goribidnur Tk. (Pop.90,516)				
1. Goribidnur	1		2,617	21,869
2. Manchenhalli		1	2,617	15,337
3. Nagarigere		1	1,583	12,653
Chickballapur Tk.(Pop.56,758)				
1. Chickballapur	2*		7,661	23,488
Malur Taluk (Pop.65,951)				
1. Malur	1		4,212	16,785
2. Kasti		1	2,045	12,390
3. Narsapur		1	1,509	11,865
Bowringpet Taluk (Pop.97,086)				
1. Bowringpet	1		2,908	20,993
~~2. Bethamangala~~	~~1~~		~~1,543~~	~~11,089~~
2. Budihote		1	1,452	10,367
3. Masika (Basaruhosahalli Hobli)		1	2,982	29,734

Total, Kolar District, existing 13
Proposed 12. *Female dispensary included.

Tumkur District.

Tumkur Taluk.				
1. Tumkur	1*		6,039	24,348
2. Urdigere		1	1,213	18,725
3. Honnudike(Sooloor Hobli)		1	1,050	17,409
4. Lellavi		1	1,065	10,903
Maddagiri Tk.(Pop.88,483)				
1. Maddagiri	1		4,545	15,013
2. Kodigenhalli		1	2,089	19,757
3. Midigesi		1	1,029	12,551
Kortagere Sub Tk.(Pop.40718)				
1. Kortagere	1		2,965	10,511
2. Tovinkere (Chanrayadurga)		1	1,216	12,307
Sira Taluk (Pop.89,311)				
1. Sira	1		5,573	24,600
2. Sukkapatna		1	1,512	13,054

Tumkur District (Contd.)				
Pavagada Taluk (Pop.61,171)				
1. Pavagada	1		2,594	13,883
2. Nosakote		1	2,085	12,866
Chicknaykanhalli Tk.(Pop.57,484)				
1. Chicknaikanhalli	1		5,188	11,091
2. Huliyar	1		1,802	17,361
3. Bellara (near Borankanive)	(?)			
Gubbi Taluk (Pop.96,820)				
1. Gubbi	1		3,464	18,325
2. Kadaba		1	1,769	16,602
3. Hagalvadi		1	1,539	8,066
4. Chelur		1	1,387	12,728
Tiptur Taluk (Pop.61,518)				
1. Tiptur	1		2,531	21,628
2. Honnavalli		1	2,431	13,639
Turvekere Sub Taluk (Pop.39,175)				
1. Turvekere	1		2,685	20,520
2. Mayasandra		1	1,047	18,655
Kunigal Taluk (Pop.83,812)				
1. Kunigal	1		1,405	15,412
2. Amirthur		1	2,195	13,836
3. Huliyurdurga	1		2,113	14,682

Total Tumkur District Existing	12	* Female Dispensary, Tumkur.
Proposed	14	

Mysore District.

Mysore Taluk(Pop.64,872)	0	0		
Yedatoray Taluk (Pop.84,513)				
1. Yedatoray	1		1,619	13,663
2. Kaligram	1		3,148	17,883
Hunsur Taluk (Pop.1,18,435)				
1. Hunsur	1		4,559	23,389
2. Periyapatna	1		3,308	22,203
3. Bettadapura		1	1,530	21,484
Heggadadevanakote Tk (Pop.63,795)				
1. Heggadadevanakote	1		1,346	13,396
2. Jargur	1		2,471	15,589
Gundlupet Tk. (Pop.78,135)				
1. Gundlupet	1		4,141	21,084
Chamarajanagar Tk.(Pop.1,14,197)				
1. Chamarajnagar	1		6,515	22,827
2. Ummathur		1	2,336	19,380
Nanjangud Taluk (Pop.1,13,169)				
1. Nanjangud	1		6,960	28,192
2. Hura (Hullahalli Hobli)		1	955	21,516
T-Narsipur Tk. (Pop.92,373)				
1. T-Narsipur	1		4,001	18,1[illegible]
2. Bannur	1		4,491	18,922
Seringapatam Tk (Pop.54,701)				
1. Seringapatam	1		7,422	8,942
2. Arakere		1	4,155	17,617
French-Rocks Sub Tk (Pop.28,808)				

Mysore District (Contd.)

French-Rocks Sub Tk. (Pop. 28,808)				
1. French-Rocks	1		1,360	14,441
2. Melkote	1		2,535	14,237
Mandaya Taluk (Pop. (1,27,939)				
1. Mandya	1		4,191	25,136
2. Koppa		1	998	20,412
3. Maddur	1		2,210	18,308
Nagamangala Tk (Pop. 80,032)				
1. Nagamangala	1		3,483	17,999
Krishnarajapet Tk (Pop. 1,07,515)				
1. Krishnarajpet	1		2,337	23,810
2. Akkihebbal		1	1,148	13,350
Malavalli Taluk (Pop. 1,08216)				
1. Malavalli	1		5,416	24,310
2. Halagur		1	2,358	14,261

Total Mysore District Existing 19
Proposed 7

Chitaldrug District.

Chitaldrug Taluk (Pop. 93,251)				
1. Chitaldrug	1		6,986	35,570
2. Hireguntanur		1	1,142	16,973
3. Bommasagara		1	1,239	21,677
4. Chikkondanahalli (Turuvanur)		1	2,140	18,912
Challakere Taluk (Pop. 80,240)				
1. Challakere	1		2,505	23,866
2. Parasarampur		1	1,610	20,758
3. Naikanahatti		1	2,610	14,549
Molkalmuru Taluk (Pop. 39,231)				
1. Molkalmuru	1		3,054	20,037
2. Kamapura (Devasamudra)		1	1,666	19,194
3. Bommagondanagere (Molkalmuru)		1	1,098	
4. Lommagatta (Devasamudaru)		1	1,964	
Jagalur Taluk (Pop. 53,574)				
1. Galalur	1		3,632	25,634
2. Bilichodu		1	1,452	19,964
3. Pallaghattu		1	1,431	"
4. Sokke		1	2,424	7,976
Davangere Taluk (Pop. 76,385)				
1. Davangere	1		10,074	24,807
2. Hadadi		1	1,637	14,758
3. Anagodu		1	771	16,958
4. Lokikere (Hadadi)		1	1,496	
5. Anaji (Anagodu)		1	956	
Harihar Sub Taluk (Pop. 39,962)				
1. Harihar	1		5,408	18,845
2. Malebennur	1		2,138	21,117
Holalkere Taluk (Pop. 62,194)				
1 Holalkere	1		3,746	15,767
2. Arasunaghatta		1	494	"
Hosadurga Taluk (Pop. 56,226)				
Hosadurga	1		2,176	20,560
Kathodu		1	1,208	8,617
Belagodu (Budhal Hobli)		1	1,685	14,099

Chitaldrug District Contd.

Hiriyur Taluk (Pop.63,180)				
1. Hiriyur	1		2,533	19,180
2. Dharmapura		1	1,315	12,506
3. Imangala		1	2,007	23,715
4. Javagondanahalli		1	562	7,773
5. Yelladakere -do-		1	656	-do-
6. Kodihalli (Dharmapura)		1	869	
7Yeraballi (Imangala Hobli)		1	916	

Total Chitaldrug District Existing 10 *Including Female Dispensary.
Proposed 24

Hassan District

Hassan Taluk. (Pop.98,839)				
1. Hassan	1*		7,461	26,836
2. Gorur (Kattaya Hobli)		1	983	18,437
Alur Sub Taluk (Pop.27,718)				
1. Alur	1		988	11,261
2. Kundur		1	346	9,081
Arsikere Taluk (Pop.86,251)				
1. Arsikere	1		3,552	19,366
2. Halkur (Kankatte Hobli)		1	1,271	14,753
3. Banavar	1		2,382	20,723
Belur Taluk (Pop.73,638)				
1. Belur	1		2,631	22,511
2. Arehalli	1		1,335	12,745
3. Nagenhalli(Itinerant)	1		462	-do-
4. Halebidu		1	1,329	15,828
Manjarabad Taluk (Pop.50,589)				
1. Saklespur	1		804	10,917
2. Belagode		1	646	7,205
3. Belur(Itinerant)	1	0	426	9,316
4. Yesalur	1		1,165	10,248
5. Hanbalu	1		576	4,851
Arkalgud Taluk(Pop.81,663)				
1. Arkalgud	1		5,060	21,623
2. Konanur	1		2,536	14,315
3. Mallipatna		1	682	11,382
Holenarsipur Taluk (Pop.64,367)				
Holenarsipur	1		6,062	20,669
Channarayapatna Tk.(Pop.97,135)				
1. Channarayapatna	1		2,918	14,406
2. Hiresave		1	1,482	14,050

Total Hassan District Existing 15* including Female dispensary
Proposed 7 Hassan.

Kadur District

Chickmagalur Taluk(Pop. 82,044)				
1. Chickmagalur	1		8,537	21,814
2. Aldur	1		1,451	6,470
3. Attigundi(Jagarahobli)	1		842	7,070
4. Bidare (Khandya)	1		731	4,691
5. Kalasapura		1	1,250	15,200
6. Avati		1	1,037	4,573

Kadur Taluk (Pop.81,013)

Kadur District Contd.

Kadur Taluk (Pop.81,013)				
1. Kadur	1		2,900	15,991
2. Birur	1		4,811	10,277
3. Sakrepatna	1		1,426	17,218
Tarikere Taluk (Pop.70,419)				
1. Tarokere	2*		6,315	13,069
2. Ajjampur	1.		2,546	17,047
3. Lakkavalli	1		1,102	3,916
4. Santaveri	1			
5. Sivani		1	2,106	16,149
6. Lingadahalli		1	1,358	7,818
Koppa Taluk (Pop.34,943)				
1. Koppa	1		1,198	8,626
2. Hariharpur	1		781	7,069
3. Sollebyle	1			
4. Attikodagi (Hegunda)		1	1,060	9,192
Narasimharajapura Sub Tk (Pop.16,710)				
1. Narasimharajpur	1		1,855	6,442
2. Balehonnur	1			6,415
Mudigere Taluk (Pop.43,353)				
Mudigere	1		1,390	6,673
2. Balur	1		1,157	6,755
3. Kalasa	1			10,479
4. Bankal		1	1,253	8,125
Sringeri (Jahgir) (Pop.9,896)	0			
Sringeri	1		2,971	6,268

Total for Kadur District Existing 21 *includes Female dispensaries
Proposed 6

The Dy. Commissioner proposed 45 names, while the District medical Officer suggests 6.

Shimoga District.

Shimoga Taluk (Pop.74,954)				
1. Shimoga	1		13,111	26,303
2. Benkipur	1		1,810	15,281
3. Anveri (Holalu)		1	753	18,215
Kumsi Sub Tk. (Pop.17,124)				
1. Kumsi	1		1,895	6,013
2. Harnhalli		1	1,984	11,111
3. Girigere		1	292	-do-
Chennagiri Tk. (Pop.83,233)				
1. Chennagiri	1		4,168	27,118
2. Santhebennur	1		1,813	25,864
3. Basavapatna		1	1,064	15,906
4. Tavarekere (Ubrani)		1	855	14,345
Honnali Taluk (Pop.68,327)				
1. Honnali	1		1,049	20,956
2. Kyamti (Belgutti)	1		362	20,021
3. Soulanga "		1	242	
4. Chinnikatte "		1	539	
5. Sasivehalli		1	953	27,181
Shikarpur Tk. (Pop.63,074)				
1. Shikarpur	1		4,970	16,183
2. Tagarti (Belandur)		1	859	7,454
3. Shiralkoppa	1		2,482	14,496

Sorab Taluk (Pop.

Shimoga District Contd.

Sorab Taluk (Pop.66,606)

1. Sorab	1		1,792	13,130
2. Anvatti	1		1,143	20,015
3. Ulavi		1	421	9,028
4. Chandragutti		1	830	8,176

Sagar Taluk (Pop.51,049)

1. Sagar	2*		3,684	13,660
2. Ananthapur	1		331	5,863
3. Aralgode	1**			
4. Harur		1	?	7,543

Nagar Taluk (Pop.37,656)

1. Nagar	1			10,075
2. Kallurkatte	1		1,000	6,610
3. Lakshmipur		1	?	6,582
4. Yadur (Nagar)		1	657	

Thirthahalli Tk (Pop.54,724)

1. Thirthahalli	2*		2,716	15,663
2. Kandagadde	1			8,092
3. Hegarvalli (Agumbe)	1		1,022	12,089
5. Hunchadakatte (Agrahar)	1		32	9,529
6. Agumbe		1		
7. Melige (Huttur)		1	411	9,351

Shimoga District Total existing 22 *including female dispensaries
proposed 16

** Sanctioned but not opened.

INDIAN MEDICAL GAZETTE.
----cOc----

M A R C H.

INDIGENOUS DRUGS.

We have in this issue and in that for February 1919 (vide also March 1918 number) published very interesting articles on the claims made by the supporters of the ancient Hindu systems of medicine, which will show clearly to any unbiassed mind that no Government could possibly entertain any scheme for the furthering of such a system in this modern world. A system, as Lieutenant-Colonel Sutherland writes, which "teaches that drugs and natural excretions long since rejected in other lands should be used to-day in the treatment of disease can only be called antiquated." A system which teaches that the semen of mice is poisonous, that scorpions are generated by cowdung and by dead snakes, that a physician can gather valuable information as to a patient's disease before he sees him by observing the complexion, gait and caste of the messenger used, cannot seriously be considered,, and has no right to demand that public money be spent on its encouragement.

While, however, we all agree that neither time nor money should be wasted on such obsolete absurdities, we are strongly of opinion that the time has come-indeed has long arrived-when a serious and scientific attempt should be made to investigate the indigenous drugs of India, and no time should be lost in appointing well-trained pharmacologists to the new schools of Tropical Medicine in Calcutta and elsewhere to take up this important subject

The War which has just ended has taught us many things and in India we have learnt the grave disadvantages of being too dependent upon other countries for the neces-

sities of life and trade, and this has proved to be so in

in the case of many drugs and medical and surgical necessities.

We have before us a very useful pamphlet by Dr. J.C. Ghose, B.Sc., (Manchester), F.C.S., in which he makes a plea for the study of the indigenous drugs of India and for their scientific cultivation and manufacture in India.

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Drugs cultivation alone, however, is not sufficient modern physicians tend more and more to give up the use of crude drugs and to use only the active principles, the physiological and therapeutic action of which can be established by experiment and by experience.

To do this in India necessitates the employment of trained and expert chemists.

We strongly commend this useful little pamphlet to the notice of our readers. There is much to be done, and the sooner the work is begun in India the better.

70

IMPROVEMENT OF MEDICAL AID IN THE STATE.

(1) G. O. No. G. 17799-35—Med. 70-18-1, dated 18th February 1919, appointing a Committee to consider the question of medical relief in the State.

(2) Report of the Committee and its enclosures, Appendices I to IV.

I.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

Order No. G. 17729-35—Med. 70-18-1, dated 18th February 1919.

Mysore with an area of 29,461 square miles has now only 174 medical institutions composed of thirteen hospitals, one hundred and twenty-nine dispensaries, three maternities and other institutions to serve the medical need of nearly six millions of people. This gives on an average, one institution for every 169 square miles and about 32,800 inhabitants. The number cannot be considered quite adequate and further additions will have to be made as time progresses.

The Malnad Improvement Scheme sanctioned to improve the conditions of the malnad area, and to render special medical aid to the people there, is on a temporary basis—but eight dispensaries now ordered to be opened will eventually become permanent institutions with further additions to their number as the country gets further opened up by communications.

For the total number of institutions mentioned above, there is now a staff of 291 officers. The staff requires considerable strengthening.

The existing vacancies in the Department are about 20 and the number of Sub-Assistant Surgeons in the service 220. No provision for reserve is made at present. Ten per cent at least will be necessary for this purpose. The total number to be recruited during the next five years with existing institutions and three additional institutions for each year has also to be taken into consideration.

The possibility of recruitment from outside for providing for the needs of the Medical and Sanitary Departments is very limited—almost *nil*—considering the requirements in British India and the improved prospects recently thrown open to those in the British Medical Service.

The following points have in addition to be specially considered:—

1. Adequacy or otherwise of the present organisation for medical relief in the State.
2. Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.
3. Feasibility of extending medical aid through Ayurvedic and Unani institutions.
4. Improving female medical relief throughout the State.
5. A programme for the next five years and the advisability of starting a Medical Faculty and reorganizing the Medical School.
6. Question of adjusting the financial responsibility of Government Municipal Councils and District Boards in regard to medical institutions.
7. Immediate requirements of the Department—additional medical staff needed in all grades and how to recruit them.

For a careful consideration of these and allied matters, Government are pleased to sanction the constitution of a Committee with the Senior Surgeon as President and with the following official and non-official gentlemen as members:—

Dr. Mylvaganam, F.R.C.S.
Mr. C. S. Balasundaram Iyer, B.A., Chief Secretary to Government.
Dr. Miss R. Govindarajulu, M.D.
Rajakáryaprasakta Rao Bahadur Mr. M. Shama Rao, M.A., retired Inspector-General of Education in Mysore.
Mr. S. R. Balakrishna Rao, B.A., LL.B., Member, University Senate.
Mr. Gulam Ahmed Kalámi.

The Committee are requested to meet at a very early date to consider all the above questions thoroughly and submit their recommendations to Government within two months.

II.

REPORT OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

With reference to Government Order No. G. 17729-35—Med. 70-18-1, dated the 18th February 1919, we the members of the Committee therein constituted to consider the question of the adequacy or otherwise of the existing organisation for medical relief in the State and other allied matters, have the honor to submit the following report.

The Committee met in the office of the Senior Surgeon on the 15th and the 16th of April 1919. All the members (including Mr. M. Subbiah added to the Committee by G. O. No. G. 22014-15—Med. 70-18-2, dated 29th March 1919) were present, except Mr. Gulam Ahmed Kalami who did not attend.

We have duly considered the several points referred to us for consideration and our recommendations, based on the information furnished by the President and further elicited during the discussion, are as follows:—

1. Adequacy of the present organisation for Medical Relief.

We are of the opinion that the existing organisation for medical relief is not quite adequate and needs improvement. Excluding the Bangalore and the Mysore Cities, there are now 120 Local Fund Dispensaries in the State which are insufficient to meet the medical needs of the rural population. We recommend the opening of 110 new dispensaries during the next five years. We have carefully gone through the list of places where dispensaries now exist and of those where the opening of new ones is suggested by the Deputy Commissioners and the District Medical Officers of the several districts. Considering the area, population and the climatic and other conditions of the several localities, the 110 new dispensaries may be distributed as follows:—

Bangalore District	...	10
Kolar ,,	...	12
Tumkur ,,	...	14
Mysore ,,	...	17
Chitaldrug ,,	...	15
Hassan ,,	...	10
Kadur ,,	...	14
Shimoga ,,	...	18
Total	...	110

To enhance the usefulness of the dispensaries at the important stations of Nanjangud, Seringapatam, Channapatna, Chikballapur, Davangere, Saklespur, Mudgere and Koppa, we think it desirable to post a Sub-Assistant Surgeon to each, to help the Assistant Surgeons now in charge, in doing major operations, and to increase the number of beds in these institutions to 10 or more according to local needs. Similarly, an extra Sub-Assistant Surgeon (a junior) may be posted to each dispensary in certain other places which have a large population or are considered to be important from a commercial or other point of view, the number of such places being limited to 20. The Committee would leave the selection of the places where new dispensaries should be opened and of those where extra Sub-Assistant Surgeons should be posted, to be made by the Senior Surgeon in consultation with the District Boards concerned. We further think it necessary to develop the present hospitals in District Headquarters other than Bangalore and Mysore and to bring them up-to-date. It is also necessary to construct new and up-to-date buildings for the Lunatic Asylum.

2. Necessity for increasing the number of Hospitals and Dispensaries in the outlying parts of the State.

This point has been dealt with under point No. 1.

3. Feasibility of extending Medical aid through Ayurvedic and Unani Institutions.

We think that the extension of medical aid through indigenous institutions is feasible if properly qualified Vaidyans and Hakims could be turned out from the training institution at Mysore, which, again, is possible only if competent Professors of the Ayurvedic and Unani systems of medicine become available.

APPENDIX I.

NOTE BY THE SENIOR SURGEON ON THE SEVERAL POINTS REFERRED TO THE COMMITTEE, FOR CONSIDERATION, BY G. O. No. G. 17729-35—MED. 70-18-1, DATED 18TH FEBRUARY 1919.

1. Adequacy of the present organisation for Medical Relief.

Whether the existing arrangements for medical relief in the State are adequate, is a matter of opinion. While, from the popular point of view, the scope for increasing the number of medical institutions is very large, from an administrative point of view the question is purely one of ways and means. The following figures taken from the annual administration reports of the Medical Departments of the Madras Presidency and the Mysore State, for the year 1917, speak for themselves.

The Madras Presidency, with an area of 1,42,330 square miles and a population of 4,11,05,404, contains 707 medical institutions (indigenous institutions excluded) or one institution for every 201 square miles and for every 57,556 of the population. Mysore, with an area of 29,461 square miles, and a population of 57,05,359 contains 174 medical institutions, or one institution for every 169 square miles and for every 32,789 of the population. Compared with the neighbouring Presidency, therefore, the Mysore State has provided greater facilities for medical aid to its population.

The whole State is divided into 79 Taluks (including the Jahgirs of Yelandur and Sringeri). The average area of a Taluk is 373 square miles, which is equal to a circle of nearly 11 miles radius. Every Taluk contains at least one dispensary, at its headquarter. There are 22 Taluks containing two dispensaries each, 4 containing three dispensaries each, the Taluks of Manjarabad, Sagar and Chikmagalur contain four dispensaries each and the Taluks of Tarikere and Tirthahalli contain five dispensaries each. A Districtwar and Talukwar statement showing the names of places where dispensaries exist, is appended. Places where new dispensaries are proposed, are also shown in the statement.

2. Necessity for increasing the number of Hospitals and Dispensaries in the outlying parts.

From the opinions furnished by the District Officers, the opening of new dispensaries is necessary in 10 places in the Bangalore District, 12 in the Kolar District, 14 in Tumkur, 7 in Mysore, 7 in Hassan, 6 in Kadur, 17 in Shimoga and 24 in the Chitaldrug District or a total of 97. It may be taken that the number of new dispensaries required is about 100.

3. Feasibility of extending Medical aid through Ayurvedic and Unani Institutions.

There are 9 indigenous institutions in the Bangalore District, of which 3 are in the Bangalore City and 6 in the Taluks; 1 in the Kolar District, 5 in the Tumkur District; 11 in the Mysore District, of which 4 are in the Mysore City and 7 in the Taluks; 3 in the Hassan District, 3 in the Kadur District; and 6 in the Shimoga District, and 6 in the Chitaldrug District. So long as the standard of training and the qualification of Vaidyans and Hakims remain what they are at present, it is a point for consideration, how far it is justifiable for Government to subsidise these indigenous institutions and authorise medical aid to the population through them. Some extracts from the "Indian Medical Gazette" regarding the indigenous system of medicine are appended.

4. Improving female medical relief throughout the State.

Under this head, the first place has to be given to the provision of help to women in labor. There are 19 midwives in the Bangalore District, 16 in the Kolar District, 14 in Tumkur, 27 in Mysore, 15 in Hassan, 18 in Shimoga, 14 in the Kadur and 11 in the Chitaldrug District, or 134 midwives in all, working in the State. If a midwife be attached to each of the new dispensaries proposed in paragraph 2 above, the total number of midwives will be 234. Government in their Order No. G. 7849-51—Med. 130-16-4, dated 29th October 1918, have sanctioned the grant of 10 scholarships of Rs. 15 each to literate women and 18 scholarships of Rs. 10 each to *Dayees* or women practising midwifery in the crude way. With the co-operation of the local Revenue authorities and of non-official gentlemen, if the required number of candidates of each class could be secured, 28 qualified midwives will be turned out every year, of whom 20 can be available for the 20 dispensaries to be opened every year for the next five years.

As regards general medical aid to women, there are at present, three well equipped Maternities at Bangalore, Mysore and Robertsonpet, six Female Dispensaries, one at each of the other six District Headquarters, with accommodation for a few beds, and one each at Sagar, Chikballapur, Tarikere and Tirthahalli. The total number of Female dispensaries

(including Maternities) now working in the State is 13. The establishment of female dispensaries at Davangere, Nanjangud and Chintamani is under consideration. Female dispensaries, with accommodation for a few cases of confinement may with advantage be opened at Saklespur, Koppa, Mudgere and Kallurkatte. This will bring the number of female medical institutions to 20.

5. Programme for the next five years and the advisability of starting a Medical Faculty and re-organising the Medical School.

So far as medical institutions are concerned, the programme for meeting the requirements noted above are, 100 new dispensaries, development of each of the six Female dispensaries at District Headquarters (except Bangalore and Mysore), the starting of seven new female dispensaries or dispensaries with provision for the admission of a few maternity cases. To this may be added the improvement of the existing District Headquarter Hospitals (except those of Bangalore and Mysore). Spread over five years, the above work will mean, establishing 20 new dispensaries every year, development of at least one Civil Hospital and the connected Female dispensary, and the opening of two or three Female dispensaries, during each of the next five years.

The cost of opening a dispensary works out as follows:—			Rs.
Initial cost.—Dispensary with in-patients' wards	...	...	11,000
Quarters for staff	...	...	6,000
Equipment—Europe medicines and instruments	...	...	1,000
Furniture, bedding and clothing	..	..	400
	Total Rs.	..	18,400

Recurring charges—

Establishment.—

Sub-Assistant Surgeon, Rs. 45-70 or 57½		
Charge allowance	,,	10, 15 or 20
Compounder	,,	15
Surgery Cooly	,,	8
Waterwoman	,,	5
Midwife	,,	15 + 3 or 5

Contingencies—

Bedding and clothing	,,	5
Dieting charges	,,	5
Country medicines	,,	5
Other contingencies	,,	5

Total per month Rs. 130½ or year Rs. 1,566
Cost of Europe medicines Rs. 600

Total recurring charges per year Rs. 2,166

The present distribution of cost of dispensaries is as follows:—Of the initial charges the cost on buildings is met by State and District Funds in equal proportions, the cost on Europe medicines is met by Government and the cost of furniture, etc., by District Boards. Of the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines is met by Government, and the other maintenance charges by the District Boards.

	State Funds	District Funds
	Rs.	Rs.
The cost for 20 male and 2 female dispensaries will be—		
Buildings Rs. 8,500 × 22	1,87,000	1,87,000
Equipment—Europe medicines, instruments, etc., 1,000 × 22 ..	22,000	...
Furniture, bedding, etc., 400 × 22	...	8,800
Total ..	2,09,000	1,95,000
Development of a district hospital and the attached female dispensary—roughly	30,000	..
Total ..	2,39,000	..
Recurring charges for 20 male and 2 female Sub-Assistant Surgeons (with sex allowance of Rs. 15 each) (57½ × 22 + 15 × 2) × 12	15,540	..
Other charges 73 × 12 × 22	...	19,272
Europe medicines 600 × 22	13,200	..
Total ..	28,740	..

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
KOLAR DISTRICT.—*concld.*				
Chikballapur Taluk (Population 56,758)—				
1. Chikballapur	2*	..	7,661	23,488
Malur Taluk (Population 68,931)—				
1. Malur	1	..	4,212	16,785
2. Masti	..	1	2,045	12,390
3. Narsapur	..	1	1,509	11,865
Bowringpet Taluk (Population 97,086)—				
1. Bowringpet	1	..	2,908	20,993
2. Budikote	..	1	1,452	10,367
3. Masika (Dasarahosahalli Hobli)	..	1	2,982	29,734
Total—Kolar District ...	13	12	*Female dispensary included.	
TUMKUR DISTRICT.				
Tumkur Taluk (Population)—				
1. Tumkur	1*	...	6,039	24,348
2. Urdigere	..	1	1,213	18,725
3. Honnudike (Gulur Hobli)	..	1	1,050	17,409
4. Bellavi	..	1	1,065	10,903
Maddagiri Taluk (Population 88,483)—				
1. Maddagiri	1	..	4,545	15,013
2. Kodigenhalli	..	1	2,089	19,757
3. Midigesi	..	1	1,029	12,551
Koratagere Sub-Taluk (Population 40,718)—				
1. Koratagere	1	..	2,965	10,511
2. Tovinkere (Chanrayadurga)	..	1	1,216	12,307
Sira Taluk (Population 89,311)—				
1. Sira	1	...	5,573	24,600
2. Bukkapatna	..	1	1,512	13,054
Pavagada Taluk (Population 61,171)—				
1. Pavagada	1	..	2,594	13,883
2. Hoskote	..	1	2,085	12,866
Chiknayakanhalli Taluk (Population 57,484)—				
1. Chiknayakanhalli	1	..	5,188	11,091
2. Huliyar	1	..	1,802	17,361
3. Bellara (near Borankanave)	(?)	...	..	..
Gubbi Taluk (Population 96,820)—				
1. Gubbi	1	..	3,464	18,325
2. Kadaba	..	1	1,769	16,602
3. Hagalvadi	..	1	1,539	8,066
4. Chelur	..	1	1,387	12,728
Tiptur Taluk (Population 61,518) —				
1. Tiptur	1	..	2,531	21,628
2. Honnavalli	..	1	2,431	13,639
Turuvekere Sub-Taluk (Population 39,175)—				
1. Turuvekere	1	..	2,685	20,520
2. Mayasandra	..	1	1,047	18,655
Kunigal Taluk (Population 83,812)—				
1. Kunigal	1	..	1,405	15,412
2. Amrithur	..	1	2,195	13,836
3. Huliyurdurga	1	..	2,113	14,682
Total—Tumkur District ...	12	14	*Female Dispensary, Tumkur.	
MYSORE DISTRICT.				
Mysore Taluk (Population 64,872)—				
Yedatore Taluk (Population 84,513)—				
1. Yedatore	1	..	1,619	13,663
2. Saligram	1	..	3,148	17,883

The Medical School was started just two years ago and it will take another year to start the final year class or to have the four classes running together. Preliminary plan and estimates for constructing the necessary buildings have been submitted to Government and it may take some years before the work is actually taken up and finished. To start a Medical College, it will be necessary to have all the buildings and fittings ready. When a Medical Faculty may be instituted in connection with the local University and a Medical College started, has to be now considered.

6. Adjustment of financial responsibility between Government, District or Municipal Funds.

At present, the cost of constructing dispensary buildings and quarters to the staff is borne in equal proportions by the State. District and Municipal Funds in Municipal areas and by State and District Funds only, in other rural tracts. As regards equipment, the cost of Europe medicines and instruments (Rs. 1,000) is met from State Funds and the cost of furniture, bedding and clothing, Rs. 400, from District Funds or District and Municipal Funds in the ratio of 1 : 1, or 1 : 2, or 2 : 1 according to the financial position of the local bodies. As regards the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines (about Rs. 600) is met from State Funds and the other charges are met by District Funds or District and Municipal Funds in the same way as the cost of buildings. How far either the Government or the local bodies may be relieved of any portion of their present share of the cost, has to be considered.

7. Immediate requirements of the Department.

Medical Graduates. The sanctioned strength is 9 and only one is now available. Eight more are required. In response to an advertisement, five applications have been received and if three or four candidates out of those who may pass out this year are secured, the requirements will be met.

Sub-Assistant Surgeons.—The sanctioned strength is 190, against which there are now 180 working in the department, leaving ten vacancies. Of the four Mysore candidates that passed the final Sub-Assistant Surgeon's examination from the Royapuram Medical School, two have reported themselves. If the other two also report themselves, then six new hands have to be secured. One of the existing hands who has completed the seven years' service according to his covenant, has sent in his resignation. New applicants with the proper qualification, are not inclined to join although the Government have raised the minimum pay of the Sub-Assistant Surgeon's grade to Rs. 45. The local subordinate medical service will continue to be less attractive than that of Madras till the Madras scale of pay is introduced in Mysore in its entirety.

Midwives.—Sanctioned strength 159 and the number now in service is 145, leaving 14 pucca vacancies. There will be some difficulty in securing the number of qualified hands, as applicants often do not join after receiving order of appointment, on account of unwillingness to go to outlying stations.

Compounders.—Sanctioned strength is 171, number in service is 154, leaving 17 vacancies. If the scale of pay of compounders is raised to Rs. 15-18-21-25, as proposed, qualified candidates will be forthcoming. The present scale of Rs. 8-10-12-15, is too inadequate.

Statement showing the names of places where dispensaries now exist and those where new dispensaries are proposed to be opened.

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
BANGALORE DISTRICT.				
Bangalore Taluk (Population 1,19,836)—				
1. Vartur	1	..	1,108	11,462
2. Yelahanka	1	..	2,336	10,991
3. Beguru	..	1	2,515	16,902
Hoskote Taluk (Population 75,690)—				
1. Hoskote	1	..	4,552	12,584
2. Sulibele	..	1	2,041	12,017
Devanhalli Taluk (Population 62,632)—				
1. Devanhalli	1	..	6,313	14,625
2. Vadigenhalli	..	1	4,376	12,970
Dodballapur Taluk (Population 73,833)—				
1. Dodballapur	1	..	7,272	21,694
2. Sasalu	..	1	313	10,461
Nelamangala Taluk (Population 68,727)—				
1. Nelamangala	1	..	1,666	19,052
2. Tyamagondlu	1	..	3,022	17,785
Magadi Taluk (Population 83,415)				
1. Magadi	1	..	3,022	19,904
2. Tavarekere	..	1	1,531	9,776
3. Kuduru	..	1	1,627	15,665
Channapatna Taluk (Population 76,831)—				
1. Channapatna	1	..	7,624	29,644
Closepet Sub-Taluk (Population 45,438)—				
1. Closepet	1	..	3,506	11,373
2. Bidadi	...	1	1,364	14,668
Kankanhalli Taluk (Population 95,022)—				
1. Kankanhalli	1	..	4,870	21,339
2. Harohalli	..	1	3,218	19,034
3. Sathanur	...	1	1,569	11,286
Anekal Taluk (Population 58,096)—				
1. Anekal	1	..	4,587	16,018
2. Sarjapur	..	1	2,681	15,443
Total—Bangalore District ...	12	10	(excluding the 5 in the City)	
KOLAR DISTRICT.				
Kolar Taluk (Population 80,691)—				
1. Kolar	1	..	8,193	22,128
2. Kyalnur (Vemgal Hobli)	...	1	1,906	16,743
Mulbagal Taluk (Population 68,556)—				
1. Mulbagal	1	..	2,677	12,108
2. Nangli (Bairakur Hobli)	..	1	1,655	14,627
3. Tayalur (Mallanaikanhalli Hobli)	..	1	1,911	10,589
Srinivaspur Taluk (Population 64,170)—				
1. Srinivaspur	1	..	3,430	19,132
2. Yeldur	..	1	1,515	10,264
Chintamani Taluk (Population 62,077)—				
1. Chintamani	1	..	2,570	19,433
Sidlaghatta Taluk (Population 70,895)—				
1. Sidlaghatta	1	..	6,512	24,252
2. Sadli	..	1	1,434	11,120
3. Jangamkote	..	1	1,877	16,494
Bagepalli Taluk (Population 54,099)—				
1. Bagepalli	1	..	1,962	11,445
2. Pathapalya	1	..	995	8,794
Gudibanda Sub-Taluk (Population 17,739)—				
1. Gudibanda	1	..	2,392	8,438
Goribidnur Taluk (Population 90,516)—				
1. Goribidnur	1	..	2,617	21,869
2. Manchenhalli	..	1	2,617	15,337
3. Nagargere	..	1	1,583	12,658

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
MYSORE DISTRICT—*concld.*				
Hunsur Taluk (Population 1,18,435)—				
1. Hunsur	1	..	4,559	23,389
2. Periyapatna	1	..	3,308	22,203
3. Bettadapura	..	1	1,530	21,484
Heggaddevankote Taluk (Population 63,795)—				
1. Heggaddevankote	1	..	1,346	13,396
2. Sargur	1	..	2,471	15,589
Gundlupet Taluk (Population 78,135)—				
1. Gundlupet	1	..	4,141	21,084
Chamrajnagar Taluk (Population 1,14,197)—				
1. Chamrajnagar	1	..	6,515	22,827
2. Ummathur	...	1	2,336	19,380
Nanjangud Taluk (Population 1,13,169)—				
1. Nanjangud	1	..	6,960	28,192
2. Hura (Hullahalli Hobli)	..	1	955	21 516
T-Narsipur Taluk (Population 92,373)—				
1. T-Narsipur	1	..	4,001	18,121
2. Bannur	1	..	4,491	18,922
Seringapatam Taluk (Population 54,701)—				
1, Seringapatam	1	..	7,422	8,942
2. Arakere	..	1	4,155	17,617
French Rocks Sub-Taluk (Population 28,808)—				
1. French Rocks	1	..	1,860	14,441
2. Melkote	1	..	2,535	14,237
Mandya Taluk (Population 1,27,939)—				
1. Mandya	1	..	4,191	25,136
2. Koppa	..	1	998	20,412
3. Maddur	1	..	2,210	18,308
Nagamangala Taluk (Population 80,032)—				
1. Nagamangala	1	..	3,483	17,999
Krishnarajpete Taluk (Population 1,07,515)—				
1. Krishnarajpete	1	...	2,337	23,810
2. Akkihebbal	..	1	1,148	13,350
Malvalli Taluk (Population 1,08,216)—				
1. Malvalli	1	...	5,416	24,310
2. Halagur	..	1	2,358	14,261
Total—Mysore District ...	19	7	...	..
CHITALDRUG DISTRICT.				
Chitaldrug Taluk (Population 93,251)—				
1. Chitaldrug	*1	...	6,986	35,570
2. Hireguntanur	..	1	1,142	16,973
3. Barmasagara	..	1	1,239	21,677
4. Chikkondanahalli (Turuvanur)	..	1	2,140	18,912
Challakere Taluk (Population 80,240)—				
1. Challakere	1	...	2,505	23,866
2. Parasarampur	..	1	1,610	20,758
3. Naikanahatti	..	1	2,610	14,549
Molakalmuru Taluk (Population 39,231)—				
1. Molakalmuru	1	...	3,054	20,037
2. Ramapura (Devasamudra)	..	1	1,666	19,194
3. Bommagondanagere (Molakalmuru) ..	..	1	1,098	...
4. Bommagatta (Devasamudara)	..	1	1,964	..
Jagalur Taluk (Population 53,574)—				
1. Jagalur	1	...	3,632	25,634
2. Bilichodu	.	1	1,452	19,964
3. Pallaghatta	.	1	1,431	...
4. Sokke	..	1	2,424	7,976
Davangere Taluk (Population 76,385)—				
1. Davangere	1	...	10,074	24,887
2. Hadadi	..	1	1,637	14,758
3. Anagodu	..	1	771	16,958
4. Lokikere (Hadadi)	..	1	1,496	...
5. Anaji (Anagodu)	..	1	956	...

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
CHITALDRRG DISTRICT—*concld.*				
Harihar Sub-Taluk (Population 39,962)—				
1. Harihar	1	...	5,408	18,845
2. Malebennur	1	...	2,138	21,117
Holalkere Taluk (Population 62,194)—				
1. Holalkere	1	..	3,746	15,767
2. Arasanaghatta	..	1	494	..
Hosdurga Taluk (Population 56,226)—				
1. Hosdurga	1	...	2,176	20,560
2. Mathodu	..	1	1,208	8,617
3. Belagodu (Budihal Hobli)	...	1	1,685	14,099
Hiriyur Taluk (Population 63,180)—				
1. Hiriyur	1	...	2,533	19,180
2. Dharmapura	...	1	1,315	12,506
3. Imangala	...	1	2,007	23,715
4. Javagondanahalli	...	1	562	7,773
5. Yelladakerehalli	...	1	656	do
6. Kodihalli (Dharmapura)...	...	1	869	...
7. Yeraballi (Imangala Hobli)	...	1	916	...
Total—Chitaldrug District ...	10	24	*Including Female Dispensary.	
HASSAN DISTRICT				
Hassan Taluk (Population 98,839)—				
1. Hassan	*1	...	7,461	26,836
2. Gorur (Kattaya Hobli)	...	1	983	18,437
Alur Sub-taluk (Population 27,718)—				
1. Alur	1	...	988	11,261
2. Kundur	...	1	346	9,081
Arsikere Taluk (Population 86,251)—				
1. Arsikere	1	...	3,552	19,366
2. Halkur (Kankatte Hobli)	..	1	1,271	14,753
3. Banavar	1	...	2,382	20,723
Belur Taluk (Population 73,638)—				
1. Belur	1	...	2,631	22,511
2. Arehalli	1	...	1,335	12,745
3. Nagenhalli (Itinerant)	1	...	462	do
4. Halebidu	...	1	1,329	15,828
Manjarabad Taluk (Population 50,589)—				
1. Saklespur	1	...	804	10,917
2. Belagode	...	1	646	7,205
3. Belur (Itinerant)	1	...	426	9,316
4. Yeslur	1	...	1,165	10,248
5. Hanbalu	1	...	576	4,851
Arkalgud Taluk (Population 81,663)—				
1. Arkalgud	1	...	5,060	21,623
2. Konnaur	1	...	2,536	14,315
3. Mallipatna	...	1	682	11,382
Hole-Narsipur Taluk (Population 64,367)—				
1. Hole-Narsipur	1	...	6,862	20,669
Channarayapatna Taluk (Population 97,135)—				
1. Channarayapatna	1	...	2,918	14,406
2. Hiresave	...	1	1,482	14,050
Total—Hassan District ...	15	7	*Including Female Dispensary, Hassan.	
KADUR DISTRICT.				
Chikmagalur Taluk (Population 82,044)—				
1. Chikmagalur	1	...	8,537	21,814
2. Aldur	1	...	1,451	6,470
3. Attigundi (Jagara Hobli)	1	...	842	7,070
4. Bidare (Khandya)	1	...	731	4,691
4. Kalasapura	...	1	1,250	15,200
5. Avati	...	1	1,037	4,573

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
KADUR DISTRICT—*concld.*				
Kadur Taluk (Population 81,013)—				
1. Kadur	1	...	2,900	15,991
2. Birur	1		4,811	10,277
3. Sakrepatna	1	...	1,426	17,218
Tarikere Taluk (Population 70,419)—				
1. Tarikere	2*	...	6,315	13,069
2. Ajjampur	1	...	2,546	17,047
3. Lakkavalli	1	...	1,102	3,916
4. Santaveri	1	...	...	...
5. Sivani	...	1	2,106	16,149
6. Lingadahalli	...	1	1,358	7,818
Koppa Taluk (Population 34,943)—				
1. Koppa	1	...	1,198	8,626
2. Hariharpur	1	...	781	7,069
3. Sollebyle	1	...	...	...
4. Attikodagi (Megunda)	...	1	1,060	9,192
Narasimharajapura Sub-Taluk (Population 16,710)—				
1. Narasimharajapura	1	...	1,855	6,442
2. Balehonnur	1	...	...	6,415
Mudgere Taluk (Population 43,353)—				
1. Mudgere	1	...	1,390	6,673
2. Balur	1	...	1,157	6,755
3. Kalasa	1	...	...	10,479
4. Bankal	...	1	1,253	8,125
Sringeri (Jahgir) (Population 9,896)—				
1. Sringéri	1	...	2,971	6,268
Total for Kadur District ...	21	6		

*Includes Female Dispensaries.

The Deputy Commissioner proposes 45 names, while the District Medical Officer suggests 6.

SHIMOGA DISTRICT.				
Shimoga Taluk (Population 74,954)—				
1. Shimoga	1	..	13,111	26,303
2. Benkipur	1	..	1,810	15,281
3. Anveri (Holalu)	..	1	753	18,215
Kumsi Sub-Taluk (Population 17,124)—				
1. Kumsi	1	..	1,895	6,013
2. Harnhalli	..	1	1,984	11,111
3. Sirigere	..	1	292	do
Channagiri Taluk (Population 83,233)—				
1. Channagiri	1	..	4,168	27,118
2. Santebennur	1	..	1,813	25,864
3. Basavapatna	..	1	1,064	15,906
4. Tavarekere (Ubrani)	..	1	855	14,315
Honnali Taluk (Population 68,327)—				
1. Honnali	1	..	1,049	20,956
2. Nyamti (Belgutti)	1	..	362	20,021
3. Soulanga ,, ...	..	1	242	...
4. Chinnikatte ,, ...	..	1	539	
5. Sasivehalli	..	1	953	27,181
Shikarpur Taluk (Population 63,074)—				
1. Shikarpur	1	..	4,970	16,183
2. Tagarti (Belandur)	..	1	859	7,454
3. Shiralkoppa	1	..	2,482	14,496
Sorab Taluk (Population 66,606)				
1. Sorab	1	..	1,792	13,130
2. Anvatti	1	..	1,143	20,015
3. Ulavi	..	1	421	9,028
4. Chandragutti	..	1	830	8,176
Sagar Taluk (Population 51,049)—				
1. Sagar	2	..	3,684	13,660
2. Ananthapur	1	..	331	5,863
3. Aralgode	1	..	...	...
4. Karur	..	1	...	7,543

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
SHIMOGA DISTRICT—*concld.*				
Nagar Taluk (Population 37,656)—				
1. Nagar	1	..	...	10,075
2. Kallurkatte	1	..	1,000	6,610
3. Lakshmipur	..	1	...	6,582
4. Yedur (Nagar)	..	1	657	...
rthahalli Taluk (Population 54,724)—				
1. Tirthahalli	2	..	2,718	15,663
2. Mandagadde	1	..	...	8,092
3. Megarvalli (Agumbe)	1	..	1,022	12,089
4. Humchadakatte (Agrahar)	1	..	32	...
5. Agumbe	..	1	...	9,529
6. Melige (Muttur)	..	1	411	9,351
Total—Shimoga District ...	22	16	*Including Female Dispensaries.	

* Sanctioned but not opened.

INDIAN MEDICAL GAZETTE.

MARCH 1919.

Indigenous Drugs.—We have in this issue and in that for February 1919 (*vide* also March 1918 number) published very interesting articles on the claims made by the supporters of the ancient Hindu systems of medicine, which will show clearly to any unbiassed mind that no Government could possibly entertain any scheme for the furthering of such a system in this modern world. A system, as Lieutenant-Colonel Sutherland writes, which "teaches that drugs and natural excretions long since rejected in other lands should be used to-day in the treatment of disease can only be called antiquated." A system which teaches that the semen of mice is poisonous, that scorpions are generated by cowdung and by dead snakes, that a physician can gather valuable information as to a patient's disease before he sees him by observing the complexion, gait and caste of the messenger used, cannot seriously be considered, and has no right to demand that public money be spent on its encouragement.

While, however, we all agree that neither time nor money should be wasted on such obsolete absurdities, we are strongly of opinion that the time has come—indeed has long arrived —when a serious and scientific attempt should be made to investigate the indigenous drugs of India, and no time should be lost in appointing well-trained pharmacologists to the new schools of Tropical Medicine in Calcutta and elsewhere to take up this important subject.

The War which has just ended has taught us many things and in India we have learnt the grave disadvantages of being too dependent upon other countries for the necessities of life and trade, and this has proved to be so in the case of many drugs and medical and surgical necessities.

We have before us a very useful pamphlet by Dr. J. C. Ghose, B.Sc., (Manchester), F.C.S., in which he makes a plea for the study of the indigenous drugs of India and for their scientific cultivation and manufacture in India.

* * * * * *

Drugs cultivation alone, however, is not sufficient, modern physicians tend more and more to give up the use of crude drugs and to use only the active principles, the physiological and therapeutic action of which can be established by experiment and by experience.

To do this in India necessitates the employment of trained and expert chemists.

We strongly commend this useful little pamphlet to the notice of our readers. There is much to be done, and the sooner the work is begun in India the better.

APPENDIX II.

NOTE ON THE AYURVEDIC MEDICAL COLLEGE SEPARATELY FURNISHED BY MR. S. R. BALAKRISHNA RAO, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

Ayurvedic College.

The College is now under the management of the Muzrai department. The attention that is bestowed on it cannot be said to be adequate, the chief function of the department being the efficient administration of temples, mosques, etc. It appears as if the College is preserved more as an ancient institution, where time-honoured practices in the art of healing are encouraged than as a regular branch of the present day administration. It is well-known that we cannot supplant the indigenous systems of Medical treatment, even if we multiply the allopathic dispensaries ten-fold or even hundred-fold. Nor do I consider it proper to so ignore the indigenous system as to eventually end it out-right. It does not require any elaborate pleading for the continuance and encouragement of this system. Without therefore dilating on the matter any more, I would recommend :—

(1) That the Mysore Ayurvedic College be placed under the administrative control of the educational department or the University.

(2) That the staff do consist of graduates in medicine who have had training in the Ayurvedic College in British India or who have studied Ayurveda in proper manner.

(3) That an indigenous medical service be constituted with a regular cadre and the same placed on a footing of equality to other regular departments of Government, so as to ensure to the candidates passing out of the College a decent start in Government service instead of the present uncertain employment by the District Boards and Municipalities.

APPENDIX III.

NOTES SEPARATELY FURNISHED BY DR. H. B. MYLVAGANAM, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

Ceylon, with a population of 4,632,384 on 31st December 1917, had besides a Lunatic Asylum and Leper Asylum in Colombo which are capable of accommodating respectively 514 and 406 patients, 84 Government Hospitals with accommodation varying from 12 to 665 beds. Of these, in Colombo alone one meets with the following Medical Institutions, *viz.*, (1) The General Hospital with 665 beds, (2) De Soyza's Lying-in-home, (3) Victoria Memorial Eye Hospital, (4) Grenier Ear and Throat Infirmary, (5) Lunatic Asylum, (6) Lady Havelock Hospital for women, (7) Lady Ridgeway Memorial Hospital for children, (8) Convict Hospital, (9) Infectious disease Hospital, (10) Police Hospital, (11) Bacteriological Institute, (12) Leper Asylum, (13) Anti-Tuberculosis Institute and (14) Ceylon Medical College. These Hospitals were well equipped with modern conveniences and appliance and officered by qualified medical men, the larger ones also having a trained staff of nurses. In addition to these Hospitals, there were 441 central and branch dispensaries. Besides these, there were six other Hospitals in course of construction including a second Leper Asylum, in 1917. The Hospitals and Dispensaries in Ceylon are built, equipped and maintained by the Ceylon Government. All the medical men in charge of the Hospitals and Dispensaries are either Licentiates of the Ceylon Medical College which has existed for the past 50 years or men qualified in English Universities. There are no Sub-Assistant Surgeons in Ceylon.

But in Mysore State with a population of 5,705,359 we have only 174 Medical Institutions in all. Out of the 174 Medical Institutions, there are only 7 District Hospitals and 161 Local Fund Dispensaries, besides the Hospitals at Bangalore and Mysore and the Minto Ophthalmic Hospital. Most of the officers in charge of the Dispensaries belong to a class of medical men indigenous to India, known as Sub-Assistant Surgeons. In the past, they have done useful work in the absence of a sufficient number of fully qualified medical men in India. As Mysore is a self-governing State, independent of British India, with enormous resources of its own, there is no longer any necessity to follow in the foot steps of the neighbouring Presidencies. Let us go a step further and follow the examples set by Ceylon and other British Colonies in their medical organization. Our district hospitals are badly equipped and officered. They have no staff of trained nurses to speak of. The officers in charge of these Institutions are mostly incapable men. The number of men with European qualifications is very few in Mysore and we need more men with European training to be in charge of the District Hospitals. These Hospitals require to be made more attractive and useful, by placing efficient men in their charge. Promotion by seniority in service has been the cause of retrogression in the past.

I earnestly suggest that we gradually replace the Sub-Assistant Surgeons with graduates or Licentiates in medicine as in Ceylon. It is only then that we can hope to give adequate medical relief to the people in the State. As the science of medicine has progressed by rapid strides during the past 20 or 30 years, it has become no longer possible to limit the curriculum of studies of the Sub-Assistant Surgeon class to four years. It is not possible to teach them all the important subjects within four years' time. Therefore the training must necessarily be inadequate. So, when these men go out into the world as medical men, they form very poor exponents of Western Medicine. It would therefore be more economical in the long run and more efficient, if we replace them with graduates whose curriculum of studies extends to 5 years or more.

The Ceylon Medical College has, during the past 50 years of its existence, been the back bone of its Medical department. It has not only supplied all the necessary recruits to the Medical department of Ceylon but has also supplied a good number of officers to the Straits Settlements.

If we are earnest in improving the medical organization of the State, the only course open to us is to start a Medical College at once. It will be the back bone of our Medical department and we shall never run short of recruits to our service. The best of our graduates could be sent to England for further training as is done in Ceylon. If my suggestion to replace the Sub-Assistant Surgeons with graduates in the course of time, is accepted by the Government, then we shall require all the graduates we turn out for the next 20 years or so for our own medical service. The question of expenditure should not stand in the way of improving our medical service.

The State is urgently in need of a Medical College to train our men to take charge of our hospitals and dispensaries and the longer we delay in making up our minds, the worse it will be for the future welfare of the State. I have always contended in and out of season that economic progress of the State for which we have spent lakhs of rupees in the past will result in no benefit to the population if we neglect their health. Their very vitality is being

undermined at present for want of timely medical relief and their earning capacity is thereby reduced to a minimum. Instances are not wanting in malnad districts where malaria and anchylostomiasis are playing havoc and are sapping the vitality of the inhabitants. The peoples of the State appreciate Western Medicine in preference to the indigenous systems of medicine as is evidenced by the large number of patients who seek medical advice in all the large and well-equipped hospitals of the State. If the people in the villages and taluks don't take kindly to Western Medicine, the fault lies on our part in not providing them with efficient men and well-equipped institutions.

The Mysore University Senate and the present Committee are unanimously in favour of a Medical College to be established in Bangalore. In the absence of a suitable building to start a Medical College on a large scale, we shall be able to make a small beginning with 20 students just now with the accommodation available at present in the temporary Medical School and in the Dissecting Room newly erected for the Sub-Assistant Surgeon's Class, with a little inconvenience. There will be no difficulty for the first two years. The first year class in Physics, Chemistry and Biology will be held in the Central College and Anatomy in the present Dissecting Room. In the second year, an additional class in Physiology can be held in the present Medical School, and the necessary equipment will not be much, considering the limited number of students proposed. In the meantime, a suitable building for a Medical College will have to be erected in the site already selected. The probable sum required for the building and equipment and the recurring expenditure are mentioned in the Committee's report. We would require a Professor in Physiology for the second year as we have no suitable men in our service to take up that subject. The subject for the 3rd, 4th and 5th years will necessarily have to be taught in the wards except Pathology and Bacteriology and Hygiene which require well-equipped laboratories. In this connection, I wish to point out the urgent need of an up-to-date Bacteriological Institute and Public Health Laboratory for the State, officered by qualified men, competent to make original investigations in tropical and other diseases peculiar to India. We have enough materials for such research works in our midst, but alas, we are sadly wanting in men to undertake the work. We have no experienced and competent men at present, we can prepare vaccines and sera for the treatment of cases requiring such therapy. We require a man with an established reputation for such work, to be placed in charge of the Bacteriological Institute. He would be of great help to the Medical College in the 3rd year.

In my report to the Senate, I have also made provision to train our students for the Degree of Bachelor of Hygiene. The Sanitary Department of the State requires expansion and the Medical College will be able to supply thoroughly trained men for the work in future years. During the last epidemic of Influenza, our Sanitary Department proved quite inadequate for the task. No effort was made by them to investigate into the causes of the epidemic. Their method of treating Cholera is quite antiquated. The number of sanitary officers in the department is not adequate to meet the requirements of the State, especially in times of severe epidemics. The Sanitary Department of Ceylon consists of a senior Sanitary Officer, one junior Sanitary Officer, two assistant Sanitary Officers, 109 Sanitary Inspectors, a Sanitary Engineer, a Sanitary Superintendent and coolies. I mention these facts relating to the Sanitary Department as they are intimately connected with Medical Department and the medical training institutions present and prospective.

As the initial expenditure for the first two years is not a large sum, I earnestly request the Government to start a Medical College in July next. It takes 5 years to turn out a graduate and the sooner we start one the earlier we shall get our men for work. If a Medical College is started at once, there will be no need to re-organise the Medical School as the same Professors will be able to teach the Sub-Assistant Surgeon side by side with the M. B. Students as was done in Madras before the Royapuram Medical School was opened. Even now the Military Assistant Surgeons attend the same classes as the M. B. students. But if the Medical College is likely to be delayed, then I would urge that more scholarships be given to Sub-Assistant Surgeon students and the allowance to the lecturers be increased to Rs. 100 per mensem and that of the Principal to Rs. 150. The present allowance is very small considering the number of hours spent in preparing the subjects and in lecturing to the students. A building for the Medical School and a Hostel is urgently required. The students at present are undergoing very great inconvenience for the want of suitable hostel arrangements. They are obliged to board and lodge amidst unhealthy and undesirable surroundings and are unable to get suitable meals at proper time. A hostel for them is urgently needed. A suitable building could be rented near the Hospital on a moderate monthly rental, if permission is granted.

The Ayurvedic and Unani systems as practised at the present day do not form systems of medicine but a system of pharmacy. These systems of antiquity may have done some useful work in the past when the Western medicine was in its infancy, but they have long ceased to progress. The extreme conservatism of the Vaidyas to impart their knowledge to others had been the cause of retrogression. Many valuable drugs have been entirely lost to the world with the death of those successfully practising them at one time. But many of the drugs used by the Vaidyas of the present day, in a crude form, are used in the Western

Medicine in the form of alkaloids and salts of the metals in smaller and effective doses. They have no books on Pathology, Physiology, Anatomy or Bacteriology. The surgery practised in ancient times was very crude. To attempt to revive these ancient systems is a profitless task associated with many difficulties and we shall be setting back the hands of the clock to some centuries behind. But it would be profitable if we should scientifically investigate the indigenous drugs of India by appointing well-trained Pharmacologists in connection with the Medical College or the Indian Institute of Science at Bangalore.

The immediate requirements of the Department are as follows :—

(1) A new Maternity Hospital near Victoria Hospital, with modern conveniences and appliance and officered by a highly trained Lady Doctor. A ward for treating children may be attached to it.

(2) The same for Mysore.

(3) A Lunatic Asylum in a suitable locality to accommodate at least 300 patients.

(4) A well equipped Bacteriological Institute on modern lines with facility to manufacture vaccines and sera on a large scale for the use of the State and to conduct original research work. We have not a single competent man at present in the Sanitary Department to undertake this useful and all important work. We should import a man with an established reputation to conduct research work and offer him a decent salary. To depute a raw recruit to England to study advanced Bacteriology and Pathology and to expect him to conduct research work on his return with profit to himself and others, is a matter of doubtful expediency. One must have sufficient aptitude for research work. Therefore if we can get a man with an established reputation at the onset, we shall be able to train our men under his supervision. It takes years of patient study to acquire that amount of knowledge requisite for research work. A sojourn of a few months in England and the passing of the D. P. H. Examination do not confer the necessary training for this kind of work. I mention the urgent need of a Bacteriological Institute in this report, because we require the co-operation of a Bacteriologist for diagnosing some of our cases by the examination of blood and other excretions of the body and to prepare vaccines for suitable cases.

The present building is an old chattram not suited even for lunatics. A medical man qualified in mental diseases should be placed in charge of it. The present methods of placing any and every one in charge of the lunatics, because they are lunatics, is a retrograde method. It is not at all fair to these unfortunate patients. We should depute an officer to proceed to England to study mental and nervous diseases and on his return he should be placed in charge of this institution.

(5) The accommodation at the Victoria Hospital is quite inadequate to meet the evergrowing demands. Many urgent cases have to be admitted with great inconvenience to others and some times bordering on overcrowding, for want of accommodation. At present there is only accommodation for 140 patients. At least we require not less than 250 to 300 beds at an early date.

(6) An isolation ward to isolate all suspicious cases of fevers and to treat such infectious diseases as enteric fever, diphtheria, etc., has been a long felt want. At present these cases have to be treated side by side with other non-infectious cases which is not at all desirable and not fair to other patients.

We want a well qualified physician to take charge of the Medical Wards at the Victoria Hospital. The present method of placing inexperienced Assistant Surgeons in charge of the medical wards is not at all satisfactory and not in the interest of the premier hospital of the State. We are living in a progressive age and we should march with the times. A man with the diploma of the membership of the Royal College of Physicians (London) or M. D. London is desirable and dignifying to a hospital like the Victoria. All the physicians in Colombo possess these qualifications.

A pathologist with the additional knowledge of advanced Bacteriology and Tropical disease is urgently required for Victoria Hospital. At present, the important work of the Pathologist is entrusted to Sub-Assistant Surgeons with the most elementary knowledge in the subject. Their diagnosis in many instances is unreliable. All well equipped hospitals, in the civilised world, are provided with *able pathologists*. He forms the back bone of the hospital and his help is eagerly sought after by the physicians and surgeons. An officer may be deputed to England to study these subjects. A similar officer is also required for the Mysore Hospital. A dental Surgeon and a specialist for ear, throat and nose diseases are also required for the Victoria Hospital as well as the Mysore Hospital. We may depute four of our men to study these subjects.

(7) The present Leper Asylum where these unfortunate patients are being treated is a dismal looking and a dingy building. There is hardly any equipment worth speaking. A new building with accommodation for a large number of patients is required. The building should be outside the Infectious Disease Hospital. At present this Asylum is located within the Magadi Camp where all forms of infectious diseases are treated. The lepers require better attention than what they are receiving now. The treatment adopted is very antiquated. The modern methods of treatment are not followed. The dressings used are

dirty bandages and cotton soaked with morgosa oil. I noticed this unsatisfactory state of affairs when I once visited this hospital in October last.

(8) *A home for incurables.*—At present all incurables from the Victoria Hospital are either sent to the Magadi Camp or are taken away by the relatives of the patients to their homes. The unfortunate ones who have no home comforts prefer to go to Magadi Camp, but they don't find a bed of roses there for them. The condition in which I found them in October last was a pitiable one. These unfortunate patients go there to spend the rest of their days suffering from ailments beyond the reach of science and it is the duty of the City Municipality to provide a fairly comfortable home for them to make their life tolerable and happy. The people who talk of civic and social duties on public platforms may usefully direct their energies in this direction. It is the duty of the philanthropic public who speak of civic duties and social service to provide for the comfort of these miserable fellow citizens. In the absence of such help coming forth readily, the City Municipality or the Government may take up this subject.

In the main report we have mentioned the number of medical men required for expanding our department during the next five years. But they are meant for district work. In addition to that number, we require a few more for special work in Bangalore. I propose that we engage the services of two thoroughly qualified men with the requisite English degrees or diplomas to fill up the post of the Physician to the Victoria Hospital and the Director of the Bacteriological Institute. To send an officer to England to pass the M. R. C. P. (London) Examination will not only take lot of time and money but after all one may not be sure of the success of the candidate as the examination is a difficult one. It would be cheaper to engage one who has already passed it. One who has passed the M. R. C. P. Examination will also be competent to teach Physiology, in our Medical College when it is started.

For the Directorship of the Bacteriological Institute, we require an officer who has already established a reputation for research work.

Barring these two important posts, the rest may be filled up with our own men trained for a definite period in England. These are, two Dentists, a Specialist in ear, throat and nose diseases, two Pathologists for Victoria Hospital and Mysore Hospital, and a Specialist in mental diseases for the Lunatic Asylum. The appointment of a highly qualified Lady Doctor for the Maternity Hospital when the present incumbent retires has also to be considered now. Such an officer will be urgently required for lecturing at the Medical College in midwifery and diseases of women and children. If we can equip our hospitals in Bangalore on these lines, we shall need no outside help for the future Medical College and we shall be able to run it on modern lines with great success.

In my opinion the pay of the Sub-Assistant Surgeons should be raised to the Madras standard, *viz.*, Rs. 50 to 120. Otherwise it will be difficult to obtain recruits for our service. There is much discontentment and heart-burn among them and the sooner their pay is increased the better would it be for the department.

APPENDIX IV.

NOTE SEPARATELY FURNISHED BY MR. GULAM AHMED KALAMI, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF IN MYSORE.

Submitted through the Senior Surgeon.

I regret that sickness in my family and other inconveniences prevented me from attending the meeting convened by the Senior Surgeon on the 15th of April 1919 in pursuance of the Government Order No. 17729-35—Med. 70-18-1, dated the 18th February 1919. When I called on the Senior Surgeon subsequently to apologise for my unavoidable absence I was rather surprised to hear that the committee sat not only on the 15th but also on the 16th April 1919 and that its report was prepared and submitted already. At my request however the Senior Surgeon was pleased to let me have a copy of the report together with the note he had placed before the committee when it met to consider the several points raised in the Government Order above named.

Hoping that even at this stage my observations and suggestions may be of some little use I venture to submit them for the consideration of the Government.

1. *Adequacy or otherwise of the present organisation for medical relief in the State.*

2. *Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.*—I agree with the remarks and recommendations made by the committee in their report under the above heads. I may say in addition that until and unless our Sub-Assistant Surgeons are paid the same graded salaries as are allowed in the Madras Presidency, there is no chance of avoiding vacancies, keeping up sanctioned establishments and providing for the necessary reserve. The general tendency of the present times to increase the number and emoluments of highly paid officers and to overlook the oft-repeated grievances of the subordinate staff is proving itself highly detrimental to the interests of efficiency and good Government.

3. *Feasibility of extending medical aid through Ayurvedic and Unani institutions.*—In view of the past experience and the well known popularity in the country of both the Ayurvedic and Unani systems of medical treatment, they should be whole heartedly and effectively encouraged and supported by the Government. No matter what the opinions of the European Surgeons and Physicians are in the matter of entertaining or not entertaining any scheme for the furthering of our indigenous systems, I think it is the duty of an Indian State like Mysore to make all possible efforts to extend medical aid in the province through Ayurvedic and Unani institutions also.

To increase, as it is necessary, the number of qualified Vaidyans and Hakims practising in the State, Government may be pleased :—

(1) To take advantage of all the decently managed and fairly well equipped Colleges and schools that now exist in India ;

(2) To gradually increase the number and value of the scholarships or stipends now given to the students of these systems of treatment ;

(3) To select an increasing number annually of promising Vaids and Hakims resident and practising in the various parts of the province and send them over to approved Ayurvedic and Unani Colleges in India for education and training, giving them liberal stipends for their maintenance during the period ;

(4) To select a number also of fairly well educated young Mysoreans and grant them tempting scholarships to join such institutions and get themselves fully qualified and certificated.

Note.—The above scholarship-holders and certificated Vaids and Hakims should be bound by agreements to settle down in the State and start their practice. They must also agree to serve the Government for a fixed period *if called upon to do so.* When so employed they should be eligible to get the same salaries, grade and allowances as are given in the State to the Sub-Assistant Surgeons.

Until the number of properly trained, qualified and certificated Vaidyans and Hakims becomes appreciably large, even experienced and popular Vaidyans and Hakims now enjoying extensive private practice in the various parts of the State and commanding public confidence should be encouraged and enabled by the Government to further widen the scope of their usefulness by instituting a grant-in-aid system on the lines now in vogue in the Educational Department. This grant-in-aid system will keep them under official discipline and supervision and bring them into direct contact with the Medical Officers of the Government and enable them also to continue their good work under healthy and inspiring influences.

Before the Government proceeds to reorganise and improve the efficiency of the existing Ayurvedic and Unani Hospitals or Schools maintained by the Government or the Local

Boards or the Municipalities, I would strongly recommend the selection and deputation of several willing and suitably educated Sub-Assistant Surgeons in the State service of not less than five years standing to join approved Ayurvedic and Unani Colleges in India and study the respective systems thoroughly. This arrangement will prove a great source of improvement of the indigenous system of Medical aid and also become the means of wholesome encouragement to the Ayurvedic and Unani Institutions which are now depending for their support mainly on public enterprise. Such Sub-Assistant Surgeons, when they return to State service after their training in the Ayurvedic and Unani Colleges, may very well be employed to be in charge of the State Ayurvedic and Unani Dispensaries, or may be entrusted with the duty of inspecting the Grant-in-aid institutions and extending the system of State aid to Vaidyans and Hakims who have an appreciable amount of private practice.

Selected Medical Officers of higher grades and qualifications also may be deputed to undergo the same kind of training and eventually undertake research work in a scientific manner.

The ever increasing usefulness and popularity of the Ayurvedic and Unani Dispensaries located at Mysore City and maintained probably by the Municipality cannot be disputed. The Government will do well to take over these Hospitals and improve their condition with a view to make them model Institutions. If this is not considered advisable the Municipality of Mysore may be given a special grant for the better equipment and general improvement of these hospitals. It is also necessary that such Ayurvedic and Unani Dispensaries should be immediately established in the City of Bangalore either by the Government or the Municipality.

I need not emphasise the fact that the total cost of the above schemes for the extension of the medical aid through indigenous institutions will be very small compared with the amount of good that is expected to accrue thereby to the people of Mysore.

4. *Improving female medical relief throughout the State.*—I agree with the remarks and recommendations made by the committee.

5. (*i*) *Advisability of starting a Medical Faculty.*—(*ii*) *Reorganisation of the Medical School.*—I am not sure that it is necessary to start "at a very early date" a Medical Faculty in connection with the Mysore University. What we urgently need is the education and training of an adequate number of Sub-Assistant Surgeons. I cannot therefore see why the reorganisation and improvement of the medical school should not precede the starting of the Faculty of Medicine. The annual cost per head of educating the required number of Mysore students in any of the medical *Colleges* in India and for the matter of that even in the Universities of Europe may not exceed the cost per head which will accrue in the event of our starting a Medical Faculty in Mysore. Over production by our University of the higher grade of medical men may benefit individuals hankering after city life both inside and outside the Mysore State, but it is not the immediate want of the masses in our province. I am not against the addition of the Faculty of medicine to our University at its proper time; it is just now a question of ways and means.

(*iii*) *A programme for the next five years.*

Without prejudice to my remarks under the heads i and ii I agree with the programme of improvements suggested for the next five years.

7. *Immediate requirements of the department.*

I fully concur with the views expressed and suggestions made by the committee under this head.

W D 2436—GF B—200—5-7-19.

No. G. C. 480-8.
Encls.

Office of the Senior Surgeon, Mysore Govt.

Dated Bangalore, 10th May 1919.

From

Rajakarya Pravina Rao Bahadur

T. V. Armugam Mudaliar, Esq., M.B., C.M.,

Senior Surgeon with the Government of

H. H. the Maharaja of Mysore, Bangalore.

To

The Chief Secretary to the Government of

His Highness the Maharaja of Mysore, Bangalore.

Sir,

In continuation of my letter No.G.C.480-5, dated 22nd April 1919, submitting the Report of the Medical Relief Committee, I have the honor to enclose herewith, a note on the "Ayurvedic College", by Mr. S.R.Balakrishna Rao, and another "on medical reorganisation" by Mr. H. B. Mylvaganam.

I have the honor to be,

Sir,

Your most obedient servant,

T V Armugam

Senior Surgeon.

69618

From

The Senior Surgeon
with the Govt. of Mysore,
Bangalore.

To

The Chief Secretary to Government,
H. H. the Maharaja of Mysore,
Bangalore.

Dated 10-5-19

Despatched

Received MAY 1919

General No. G.C. 480-8

No.

Enclosure No. 2 notes

Forwarding Subject.

Notes on the Ayurvedic College and another on Medical reorganization.

14/5

G.O. G 1725-33 Med. 10-6-1
L.S. 2115

Ayurvedic College

The College is now under the management of the Muzrai department. The attention that is bestowed on it cannot be said to be adequate the chief function of the department being the efficient administration of temples, masques etc. It appears as if the College is preserved more as an ancient institution, where time-honoured practices in the art of healing are encouraged than as a regular branch of the present day administration. It is well-known that we cannot supplant the indigenous systems of medical treatment, even if we multiply the allopathic dispensaries tenfold or even hundred-fold. Nor do I consider it proper to so ignore the indigenous system as to eventually end it out right. It does not require any elaborate pleading for the continuance and encouragement of this system. Without therefore

Note by Mr. S. R. Balakrishna Rao, Member of the Committee appointed to Consider the question of Medical Relief

OFFICE OF THE SENIOR SURGEON
22. APR 1919
MYSORE DAIRY

dilating on the matter any more I would recommend :—

1) That the Mysore Ayurvedic College be placed under the administrative Control of the educational department or the University.

2) That the staff do Consist of graduates in medicine who have had training in the Ayurvedic College in British India or who have studied Ayurveda in proper manner.

3) That an indigenous medical service be constituted with a regular cadre and the same placed on a footing of equality to other regular departments of Government, so as to ensure to the Candidates passing out of the College a decent start in Government service, instead of the present uncertain employment by the District boards and municipalities.

Shimoga
27.4.11.

S. R. Ballarpasha, and
Advocate
Member of the Special
Medical Reform Committee

Statistics re. Medical Institutions. To be annexed to the Special Committee's report on Medical Reorganisation.

Ceylon, with a population of 6,[illegible] on the 31-3-'17, had besides a Lunatic Asylum and Leper Asylum in Hulsdorf which can provide accommodation respectively for [illegible] patients, 14 Government Hospitals with accommodation varying from 10 to [illegible]. Of these, in Colombo alone one meets with the following Medical Institutions, viz (1) The General Hospital with [illegible] (2) Sir Hayes Lyon Maternity, (3) Victoria Memorial Eye Hospital, (4) Senior Medical Officer's Dispensary, (5) Lunatic Asylum (6) Lady Lewton's Hospital for women (7) Infectious Diseases Hospital for children (8) Convict Hospital (9) Infectious Diseases Hospital, (10) Police Hospital (11) Bacteriological Institute (12) Leper Asylum (13) Anti-Tuberculosis Institute and (14) Ceylon Medical College. These Hospitals were well equipped with modern conveniences and appliances and officered by qualified medical men, the [illegible] having a trained staff of nurses. In addition to these institutions there are 41 central branch Dispensaries. Besides these, there were [illegible] Hospitals in course of construction including a general Lying-in Home, in 1917. All Hospitals and Dispensaries in Ceylon are built, equipped and maintained by the Ceylon Government. All the medical men in charge of the Hospitals and Dispensaries are either Licentiates of the Ceylon Medical College which has existed for the past 50 years or men qualified in British Universities. There are no Sub East Surgeons in Ceylon.

But in Mysore State with a population of 5,[illegible] we have only 174 Medical Institutions in all. Out of the 174 Medical Institutions, there are only 2 District Hospitals and 141 Local Fund Dispensaries, besides the Hospitals at Bangalore and Mysore and the Male Ophthalmic Hospital. Most of the officers in charge of the Dispensaries belong to a class of medical men indigenous to India, known as Sub East Surgeons. In the past they have done useful work, in the absence of a sufficient number of fully qualified men in India. But Mysore is a self-governing State, intermediate British India, with enormous resources of its own, there is [illegible] necessity to follow in the foot steps of the neighbouring

...us no stop further and follow the one laid down by Ceylon and other Colonies in their medical organization. Our district hospitals are badly equipped and officered. They have no staff of trained nurses to speak of. The officers in charge of these Institutions are mostly incapable men. The number of men with European qualifications is very few indeed and no real more men with European training to be in charge of the district Hospitals. These Hospitals require to be made more attractive and useful, by placing efficient men in their charge. Promotion by seniority in service has been a fruitful cause of retrogression in the past.

I earnestly suggest that we gradually replace the sub-assistant surgeons with graduates or Licentiates in Medicine as in Ceylon. It is only then that we can hope to give adequate medical relief to the people in the State. As the science of medicine has increased by rapid strides during the last 25 or 30 years, it has become impossible to limit the curriculum of studies of the graduate to five years. It is not possible to teach them all the important subjects within five years' time. Therefore the training must necessarily be incomplete. So, when these men go out into the world as medical men, they find very poor exponents of Western Medicine. It would therefore be more economical in the long run and more efficient, if we replaced them with graduates whose curriculum of studies extends to 6 years or more.

The Ceylon Medical College has, during the past 50 years of its existence, been the back bone of its medical department. It has not only supplied all the necessary recruits to the medical department of Ceylon but has also supplied a good number of officers to the Straits Settlements.

If we can convert the [illegible] Medical College as more [illegible] It will be the back bone of our medical department and we shall not [illegible] stent of recruits to our service. The best of our [illegible] could be sent to England for [illegible] to qualify [illegible] to the benefit of time. [illegible]

graduates we turn out for the Medical service. The question of expenditure should not come in the way of improving our medical service.

The State is urgently in need of a Medical College to train our men to take charge of our hospitals and dispensaries and the longer we delay in making up our minds, the worse it will be for the future welfare of the State. I have always contended in and out of season that economic progress of the State for which we have spent lakhs of rupees in the past will result in no benefit to the population if we neglect their health. Their very vitality is being undermined at present for want of timely medical relief and their earning capacity is thereby reduced to a minimum. Instances are not wanting in malnad districts where malaria and anchylostomiasis are playing havoc and are sapping the vitality of the inhabitants. The peoples of the State appreciate Western Medicine in preference to the indigenous systems of medicine as is evidenced by the large number of patients who seek medical advice in all the large and well equipped hospitals of the State. If the people, in the villages and Taluks, don't take kindly to Western Medicine, the fault lies on our part in not providing them with efficient men and well equipped Institutions.

The Mysore University Senate and the present committee are unanimously in favour of a Medical College to be established in Bangalore In the absence of a suitable building to start a Medical College on a large scale we shall be able to make a small beginning with 30 students just now with the accommodation available at present in the temporary Medical School and in the Dissecting Room newly erected for the Sub Asst Surgeon's Class, with a little inconvenience. There will be no difficulty for the first two years. The first year class in Physics Chemistry and Biology will be held in the Central College and Anatomy in the present Dissecting Room - In the second year, an additional class in Physiology can be held in the present Medical School, and the necessary equipment will not be much considering the limited number of students proposed. In the meantime a suitable building for a Medical College will have to be erected in the ninth site already selected. The probable sum required for the building and equipment and the recurring

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[illegible] mentioned in the committee's report. We would [illegible] Bacteriology for the second year as we have no suitable [illegible] for that subject. The subject for the [illegible] necessarily have to be taught in the wards [illegible] and Bacteriology and Hygiene which require well [illegible] centres. In this connection I wish to point out the urgent [illegible] Bacteriological Institute and Public Health [illegible] for the State, efficered by qualified men, competent to [illegible] criminal investigations in tropical and other diseases peculiar to [illegible] We have secured materials for such research work in our midst but always are badly wanting in men to undertake the work. We have no experienced and competent men at present, who can therefore undertake [illegible] work for the treatment of cases requiring such therapy. We require a man with an established reputation for such work, to be placed in charge of the Bacteriological Institute. He would be of great help to the [illegible] medical officers in the 3rd year.

In my report to the [illegible] Senate I have also made provision to [illegible] our students for the degree of Bachelor of Hygiene. The Sanitary [illegible] of the State requires attention and the Medical College will [illegible] to [illegible] their men for the work, in future years.

During the last epidemic of Cholera, our sanitary department proved [illegible] tests. The effort was made by them to investigate [illegible] epidemic. Their method of treating Cholera [illegible] sanitary officers in the department [illegible] parts of the State, especially in [illegible] department of Ceylon consists [illegible] my officer, 2 asst sanitary [illegible] ser, dis-infectory [illegible] ting to the [illegible] the medical [illegible] ...

edical Coll e is started at once, there will be no need to re- rganise the Medical School as the same professors will be able to tend the U. M. S. side by side with the M.B. Students as was done in Madras before the Government Medical College was opened. Even now the Military Asst Surgeons attend the same classes as the M.B. Students But if the Medical College is likely to be delayed, then I would suggest that more scholarships be given to M.B.C. Students and the allowance to the lecturers be increased to Rs [illegible] of the principal to Rs [illegible]. The present allowance is very small considering the number of hours spent in preparing the subjects and in lecturing to the students. A building for the Medical School as Hostel is urgently required. The existence of present one is causing very great inconvenience for the want of suitable hostel arrangements. They are obliged to board and lodge in insanitary and undesirable surroundings and are unable to get suitable meals at proper time. A hostel for them is urgently needed. A suitable building could be rented near the Hospital on a moderate monthly rental, if necessary is granted

The Ayurvedic and Unani systems as supplied at the present do not form systems of medicine but a jumbled mixture. These systems of antiquity may have been once useful and in the good old days the Western medicine was in its infancy, but they have long since ceased to progress. The extreme conservatism of the [illegible] to others leading to the [illegible] of its. Many valuable drugs have been entirely lost to the world with the death of those successfully practising them at the time. But many of the drugs used by the votaries of the respective systems, are used in the modern medicine in the form of alkaloids and salts of the metals in simpler and effective forms. They have no knowledge of Anatomy, Physiology and Pathology or Bacteriology. The theory propounded in ancient times was very crude. To attempt to revive these medical systems is a profitless task. Even if we succeed with many difficulties we shall be getting back the dregs of the effete to some centuries behind. But it would be worth if we should scientifically investigate the [illegible]

the Medical College or the Indian Institute of Science at Bangalore.

The immediate requirements of the department are as follows:-

(1) A new Maternity Hospital near Victoria Hospital, with modern conveniences and equipment and officered by a lady trained lady Doctor. A ward for treating children may be attached to it.

(2) The same for Mysore.

(3) A Lunatic Asylum in a suitable locality to accommodate at least 500 patients.

The present building is an old chatram not suited even for lunatics. A medical man qualified in mental diseases should be placed in charge of it. The present methods of placing any and every one in charge of the lunatics, because they are lunatics, is a retrograde method. It is not at all fair to these unfortunate patients. We should depute an officer to proceed to England to study mental and nervous diseases and on his return he should be placed in charge of this institution.

A well equipped Bacteriological Institute on modern lines with facility to manufacture vaccines and sera on a large scale for the use of the state and to conduct original research work. We have not a single competent man at present in the sanitary department to undertake this useful and all important work. We should import a man ~~[illegible]~~ with an established reputation to conduct research work and offer him a decent salary. To depute a raw recruit to England to study advanced Bacteriology and Pathology and to expect him to conduct research work on his return with profit to himself and others, is a matter of doubtful expediency. One must have sufficient aptitude for research work. Therefore if we can not secure with an established reputation at the outset, we shall be able to train our men under his supervision. It takes years of patient study to acquire that amount of knowledge requisite for research work. A sojourn of a few months in England and the passing of the D.P.H. Examination do not confer the necessary training for this kind of work. I mention the urgent need for a Bacteriological Institute

this report, because [illegible] the examination of [illegible] 83
[illegible] by the examination of
blood and other excretions of the body and to prepare vaccines
for suitable cases.

The accommodation at the Victoria Hospital is quite inadequate to
meet the everpressing demands. Many urgent cases have to be admitted
with great inconvenience to others and sometimes lordly on over-
crowding, for the want of accomodation. At present there is only
accommodation for 140 patients. At least we require not less than 250
or 300 beds at an early date.

An isolation ward is urgently required to all suspicious cases of fevers and
to treat such infectious diseases as enteric fever, diptheria, which
has been a long felt want. At present these cases have to be treated
side by side with other non-infectious diseases which is not at all
desirable and not fair to other patients.

We want a well qualified physician to take charge of the Medical
Wards at the Victoria Hospital. The present method of placing
[illegible] in charge of the Medical Wards is
not at all satisfactory and not in the interest of the premier
hospital of the State. We are living in a progressive era and we
should keep with the times. [illegible] with the letters of the mem-
bership of the Royal College of Physicians [illegible] (London)
or M.R. [illegible] is desirable and highly [illegible] to a hospital like the
Victoria. All the physicians in other hospitals possess these qualifi-
cations.

A pathologist with the [illegible] knowledge of advanced
Bacteriology and tropical diseases, is urgently required for
Victoria Hospital. At present the important work of the Pathologist
is entrusted to [illegible] with the most elementary
knowledge in the subject, their diagnosis in many instances is
very unreliable. All well equipped hospitals in the civilised world
are provided with able pathologists. He forms the back bone of the
hospital and his help is greatly sought after by the physicians
and surgeons. An officer may be deputed to England to study these
subjects. A similar officer is also required for the Leper Hospital.

A dental surgeon and [illegible] are also required for the Victoria Hospital as well as the Nivaroo Hospital. They may depute four of our men to study these subjects.

8) The present Lepers Asylum where these unfortunate patients are being treated is a [illegible] and dilapidated building. There is hardly any ventilation worth the name. A new building with accommodation for a large number of patients is required. The building should be suitable for isolating diseases hospital. At present this asylum is located with the most foul cases where all forms of infectious diseases are treated. The lepers require better attention than what they now receive. The treatment adopted is a very antiquated one. The most valuable of the treatment is not followed. The lepers in general are [illegible] with [illegible] with running sores. I noticed [illegible] when I once visited this hospital for [illegible].

(7) A home for [illegible]. [illegible] from the Victoria hospital [illegible] by the relatives [illegible]. The unfortunate ones who have no home to go to [illegible], but they don't find a kind reception [illegible]. The condition in which I found them in [illegible] is pitiable [illegible]. There are such patients as there to spend the rest of their days suffering from ailments beyond the reach of science and it is the duty of the City Municipality to provide a fairly comfortable home for them to make their life tolerable and happy. The people who talk of civic and social duties [illegible] on public platforms may usefully direct their energies in this direction It is the duty of the philanthropic public who speak of civic duties and social service to provide for the comfort of these miserable fellow citizens. In the absence of such help coming forth readily, the City Municipality or the Government may take up this subject.

In the main report we have mentioned the number of medical men required for extending our department during the next few years. But there is a urgent need for District work. In addition to that number, we require a few more for special work in Bangalore. I propose that we engage the services of two thoroughly qualified men with the requisite English

a degree or diploma will [illegible] the post of the physician ... rin Hospital and the Director of the Bacteriological Institute. To send an officer to England to pass the M.R.C.P. (London) examination will not only be a lot of time and money but after all one may not be sure of success of the candidate in the examination is a difficult one. It would be cheaper to employ one who has already passed it. One who has passed the M.R.C.P. examination will also be competent to teach Physiology, in the Medical College when it is started.

For the Directorship of the Bacteriological Institute we require an officer who has already established a reputation for research work.

Barring these two important posts the rest may be filled up with our own men trained for a definite period in England. These are two Dentists a Specialist in ear throat and nose diseases, two pathologists for Victoria Hospital and Mysore Hospital, and a Specialist in mental diseases for the Lunatic Asylum. The appointment of a highly qualified Lady Doctor for the Maternity Hospital when the present incumbent retires has also to be considered now. Such an officer will be urgently required for lecturing at the Medical College in Midwifery and diseases of women and children. If we can open our hospitals in Bangalore on these lines, we shall need no outside help for the future Medical College and we shall be able to run it on modern lines with great success.

In my opinion the pay of the Sub Assistant Surgeons should be raised to the Madras standard viz, 70/- to 100/- . Otherwise it will be difficult to obtain recruits for our service. There is much discontentment and heart burn among them and the sooner their pay is increased the better would it be for the department.

H. B. Mysore Commissioner

20 APR 1919

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No. G. C. 480-9. Office of the Senior Surgeon, Mysore Govt.,
Encls. one note

Dated, Bangalore, 19th May 16 1919.

From

Rajakarya Pravina
Rao Bahadur T. V. Arumugum Mudaliar, Esq., M. B., C. M.,
Senior Surgeon with the Government of
H. H. the Maharaja of Mysore, Bangalore.

To

Chief
The Secretary to the Government of
H. H. the Maharaja of Mysore,
Deptt., Bangalore.

Sir,

In continuation of my letter No. G. C. 480-8, dated the 10th instant, I have the honor to forward herewith a note sent by Mr. Gulam Ahmad Kalami, member of the special committee appointed to consider the question of adequacy or otherwise of existing arrangements for medical relief in the State, containing his opinion on the several points.

I have the honor to be,
Sir,
Your most obedient servant,

Senior Surgeon.

From

The Senior Surgeon,

Mysore Govt., Bangalore.

To Chief
The Secretary

to the Govt. of Mysore,

Deptt.,

7024 Bangalore.

Dated 19-6-1919.

No. G.C. 480-9

Encls. one note.

Subject.

Forwarding a note send by Mr. Gulam Ahamad Khadim regarding medical relief.

W.A.K

Medl
21/6/19

The Copy Sth.

87

N O T E

by Mr Gulam Ahmad Kalami,

re the

Report of the Committee appointed to consider the question of Medical Relief in Mysore

---

Submitted through the Senior Surgeon.

I regret that sickness in my family and other inconveniences prevented me from attending the meeting convened by the Senior Surgeon on the 15th of April 1919 in pursuance of the G.O. No: 17729-35 Med 70- 18- 1 dated the 18th February 1919. When I called on the Senior Surgeon subsequently to apologise for my unavoidable absence I was rather surprised to hear that the committee sat not only on the 15th but also on the 16th April 1919 and that its report was prepared and submitted already. At my request however the Senior Surgeon was pleased to let me have a copy of the report together with the note he had placed before the committee when it met to consider the several points raised in the G. O. above named.

Hoping that even at this stage my observations and suggestions may be of some little use I venture to submit them for the consideration of the Government.

1. Adequacy or otherwise of the present organisation for Medical relief in the State.

2. Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.

I agree with the remarks and recommendations made by the committee in their report under the above heads. I may say in addition that until and unless our Sub Assitant Surgeons are paid the same graded salaries as are allowed in the Madras presidency, there is no chance of avoiding vacancies, keeping up sanctioned establishments and

providing for the necessary reserve. The general tendency of the present times to increase the number and emoluments of highly paid officers and to overlook the oft-repeated grievances of the Subordinate staff is proving itself highly detrimental to the interests of efficiency good Government.

3. Feasibility of extending medical aid through Ayurvedic and Unani institutions.

In view of the past experience and the well known popularity in the country of both the Ayurvedic and Unani systems of medical treatment, they should be whole heartedly and effectively encouraged and supported by the Government. No matter what the opinions of the Europeans Surgeons and Physicians are in the matter of entertaining or not entertaining any scheme for the furthering of our indeginous systems I think it is the duty of an Indian State like Mysore to make all possible efforts to extend medical aid in the province through Ayurvadic and Unani institution also.

To increase, as it is necessary, the number of qualified aidyans and Hakims practicing in the State, Government may be pleased:-

(1) to take advantage of all the decently managed & fairly well equipped Colleges and schools that now exist in India;

(2) to gradually increase the number and value of the Scholarships or stipends now given to the studentsof these systems of treatment;

(3) to select an increasing number annually of promising Vaids and Hakims resident and practicing in the various parts of the Province and send them over to approved Ayurvedic and Unani Colleges in India for education and training, giving them liberal stipends for their maintenance during the period;

(4) to select a number also of fairly well educated young Mysoreans and grant them tempting scholarships to

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to join such institutions and get themselves fully qualified and certificated.

Note:- The above scholarship holders and certificated Vaids and Hakims should be bound by agreements to settle down in the State and start their practice. They must also agree to serve the Government for a fixed period if called upon to do so. When so employed they should be eligible to get the same salaries grades and allowances as are given in the State to the Sub Assitant Surgeons.

Until the number of properly trained, qualified and certificated Vaidyans and Hakims becomes appreciably large even experienced and popular Vaids and Hakims now enjoying extensive private practice in the various parts of the State and commanding public confidence should be encouraged and enabled by the Government to further widen the scope of their usefulness by instituting a grant-in Aid system on the lines now in vogue in the Educational Department. This Grant-in -Aid system will keep them under official discipline and supervision and bring them into direct contract with the Medical officers of the Government and enable them also to continue their good work under healthy and inspiring influences.

Before the Government proceeds to reorganise and improve the efficiency of the existing Ayurvedic and Unani Hospitals or Schools maintained by the Government or the Local Boards or the Municipalities, I would strongly recommend the selection and deputation of several willing and suitably educated Sub Assistant Surgeons in the State service of not less than 5 years standing to join approved Ayurvedic and Unani Colleges in India and study the respective systems thoroughly. This arrangement will prove a great source of improvement of the indeginous system of Medical aid and also become the means of wholesome encouragement to the Ayurvedic and Unani Institutions which are now depending for their support mainly on public enterprise. Such Sub Assistant Surgeons, when they return to State service after their traing in the Ayurvedic and Unani Colleges, may very well be employed to be in charge of the state Ayurvedic and Unani Dispensaries, or may be entrusted with the dut of inspecting the Grant-in -aid institutions and extending the syst

system of state aid to Vaids and Hakims who have an appreciable amount of private practice ~~in the State~~.

Selected Medical Officers of higher grades and qualificatio also may be deputed to undergo the same kind of training and eventual ly undertake research work in a scientific manner.

The ever increasing usefulness popularity of the Ayurvedic and Unani Dispensaries located at Mysore City and maintained probab- ly by the Municipality can not be disputed. The Government will do well to take over these Hospitals and improve their condition with a view to make them model Institutions. If this is not considered advisable the Municipality of Mysore may be given a special grant for the better equipment and general improvement of these Hospitals. It is also necessary that such Ayurvedic and Unani Dispensaries should be immediately established in the City of Bangalore either by the Government or the Municipality.

I need not emphasise the fact that the total cost of the above Schemes for the extention of the Medical aid through indige nous institutions will be very small compared with the amount of good that is expected to accrue thereby to the people of Mysore.

4. Improving female medical relief throughout the State.

I agree with the remarks and recommendations made by the committee.

5. (i) Advisability of starting a medical Faculty.

(ii) Reorganisation of the medical school.

I am not sure that it is necessary to start at a very early date a medical Faculty in connection with the Mysore University. What we urgently need is the education and training of an adequate number of Sub Assistant Surgeons. I can not therefore see why the reorganisation and improvement of the medical school should not precede the starting of the Faculty of Medicine. The annual co per head od educating the required number of Mysore Students in of the medical Colleges in India and for the matter of that even in the Universities of Europe may not exceed the cost perhaps wh will accrue in the evnt of our starting a medical Faculty in

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Over production by our University of the higher grade of medical men may benifit individuals hankering after city life both inside and outside the Mysore State, but it is not the immediate want of the masses in our province. I am not against the addition of the Faculty of medicine to our University at its proper time; it is just now a question of ways and means.

(iii) A programme for the next five years.

Without prejudice to my remarks under the heads i & ii I agree with the programme of improvements suggested for the next 5 years.

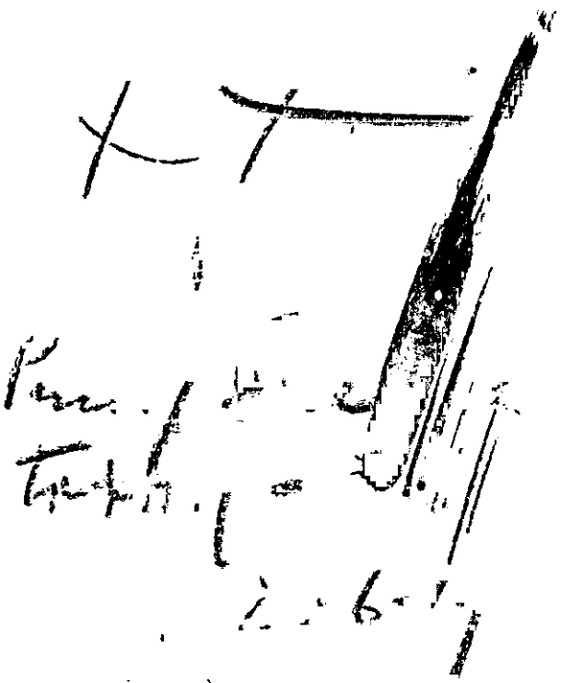
7. Immediate requirements of the department.

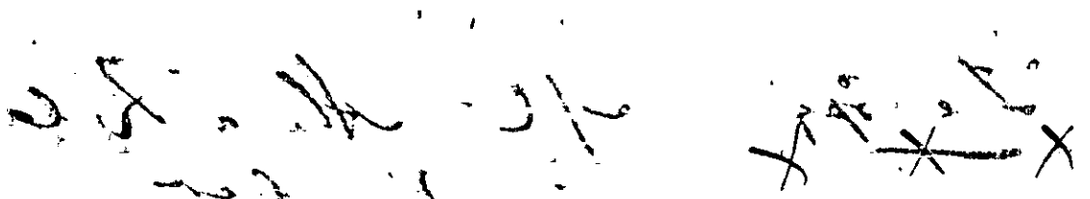
I fully concur with the views expressed and suggestions made by th committee under this head.

True Copy

Md Abdul Kalam
Member
Medical Relief Committee

Coonamble
16th May 1919





Prussian

Please put this
telephone Send two
Clean troops here
to-morrow evening

C&S
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28/5/19

1916

92

G. R. S. VI—G/32]

SUBJECT.....

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2 Gra. 26

Diary No. of letter replied to.....

Section Med

File No. 70-78

Serial No. 6

GENERAL AND REVENUE SECRETARIAT

( )

the 191 . .

Notification.

No. 4287

Date of issue 21/8/16

Signed by M. C. B. [illegible]

accompanying

The ~~following~~ report of the Committee in Fo. No. 4:(7)29-35 med. 30-12-191 appointed to consider of the question of Medical relief in the State, is published for ~~favour of~~ public opinion. All suggestions ~~is requested that proposals may~~ on the subject may be ~~sent to the~~ sent to the Chief Secy. to Govt. before the end of ~~August~~ September 1916.

By Order

Asst. Secy. 21/8

For Chief Secy.

To

The Compiler, Mysore Govt.

over.

G R. S. VI—G/32]

SUBJECT.....

.....

.....

Diary No. of letter replied to... 16941.

GENERAL AND REVENUE SECRETARIAT
( )
the 191 .

Date of issue 21/8/19

Signed by... W. Meyrick

2 Drafts

Section Med
File No. 70-18
Serial No. 7

No. G 4288

To

The Senior Surgeon.

Sir,

With reference to the correspon
ending with your letter No. G.C. 48-5 8/19.
on the subject of the ~~medical comforts~~ medi
relief in the State
~~Travancore~~, I am directed to request you
~~to~~ bergeah
as good as to submit detailed proposa
for utilising the provision in the curre
year's budget for extension of medic
aid.

~~The matter may kindly be treated~~
~~urgent~~

I have etc
true
21/8.
~~For~~ Chief Sec

over.)

GS
21/8
21/8

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4 [illegible]

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PHOTOLITHO BRANCH.
SEP 1919

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5321/96

To, rec'd 20-8-19

The Chief Secretary
to the Govt. of Mysore,
Bangalore

8456 19/19

Rec'd 19-9-19 3.30

We the public of Nagar-Union bring to your kind notice that according to the Government order No 1321-80 Eor. 96-19-1 Dated 5th August '19 have conducted a meeting here on the 6th of Sept. 19.

On behalf of the public of N. Union I have here with sent to your kind notice the resolutions of the said meeting & the translation of the Canara proceedings.

I remain,
Sir,
Your most obedient Servant
C. Vamanrao

Nagar.
16-9-19.

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To,

The Chief Secretary to the Govt. of Mysore
Bangalore.

Sir,

According to the Govt. order No. 4287- Med. 70-18-6 Dated 21st August '19, the under mentioned members of Nagar Union have held a meeting in the Nagar Boys' School on the 13th of Sept. '19. Commencement 2.30 PM.

Members present:-

1. Mr. N. Sub Rao
2. " Krishna Udupa.
3 " Venkata Rao. C.
4 " Vamana Rao. C.
5 " Narayana Rao. C.
6 " Rama Rao. C.
7 " Gopala Rao. K.
8 " Subbanna Shaley.
9. Vasudevayya. B.
10. Rama Udupa. N.
11. Mallayya Shetty. M
12. Gopalachar H.
13. Venkappayya Patel
14. Komarappayya
15. Dugganna Sadgal
16. Nagendra Bhatta N.

Mr Sub Rao. N. proposed Mr Vamana Rao. C to the chair & as Mr Krishna Udupa seconded the proposal Mr Vamanarao accepted the Chair.

The Govt order. No 17729-35 Med 70.18.1 dated 18th Feb. '19 & the "Report of the committee appointed to Consider the Question of the Medical Relief which is in part I Section 2. of the Mysore Gazette dated 28th August '19 was read out & the following conclusions were made:-

1. The dispensaries which would be further opened by the Govt. should be supplied only with Sub. Asst. Surgeons.
2. In opening the Ayurvedic College & supplying the Ayurvedic Doctors to the several places in the State, it was proposed that an Ayurvedic medical Store to be opened at a place from which Ayurvedic might be sent to the several Ayurvedic dispensaries in the State.
3. As regards the pay of the Sub Asst. Surgeons in our State it was proposed that their pay should be

raised at least to Rs 50/- as in other parts for eg. as in Madras Presy.; in which case one State would never be in want of such hands.

4. In the notes of the Senior Surgeon it is stated that a waterwoman's pay would be Rs 5/ which was thought by the members present a too small sum in these days of costly living & it was proposed that a waterwoman's pay should be raised to Rs 7/-

5. In choosing professors to the Medical College in our State, it was proposed that the professors should be only Physicians who have acquired higher degrees of London.

6 & Lastly it was proposed that the Chairman of this meeting was to send the proceedings of this meeting to the Chief Secy. to the Govt of Mysore

The meeting was concluded with a hearty vote of thanks to the Chair & with cheers to His Highness the Maharaja of Mysore

I have the Honour to remain,

Sir,

Your most obedient Servant.

C. Vencatarao

Sagar
16-9-19

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G. Venkata Rao

G. Venkata Rao

G. Venkata Rao

G. Venkata Rao

N. Krishna Udupa.

C. Narayana Rao

N Subbarao

B. Venkateswarlu

Kikkere Peraya Hobli
Saulka.
dated 20th Septr 19.
22 1910

No 34/ Gen 1

From The Secretary
Peraya Hobli Saulka
Kikkere
Mi 70-8-10

SEP 9:34

To. The Chief Secretary
Mysore Govt
Bangalore

Sir

I the undersigned Secretary of the Saulka, most respectfully beg to forward herewith an Extract of the proceedings passed in the General meeting of the Saulka in favourable consideration, and to request that you will be so as to grant a Pakka Hospital at Kikkere Krishnarajpet Taluk Mysore District which was once a seat of Revenue Sub division office and a Taluk office.

If this is located at Kikkere it will be also be answerable to the inhabitants of Sravana Belagola Hundred of Channa Rayapatna Taluk of Hassan district and also a large population residing in Santi Bachahalli and Kikkere hoblis of the Krishnarajpet Taluk.

The one existing Vydas class Kikkere is not working in the

last three months and this is
of no use in these days.
Hence Early orders may
kindly be passed as per notification
published in the Mysore Gazette
dated 28th August 19, Page 245

I beg to remain,
Sir
Your most obedt Servant
M Sathya Ramaya
Secretary

Prop. for
C&R
27.9.09.

LR 987

To. The Chief Secretary to the Government of
His Highness the MahaRaja of Mysore
Camp Mysore.

Dated 70-18-11

Respected Sir,

We, the residents of Havaroge village and Honasoge Hobli of Yedatore Taluk, beg to lay before you the following few lines for your kind consideration and hope that our representations will meet with all due consideration it deserves at your honour's hands.

This Honasoge village is 19 miles from the Taluk Headquarters of yedatore, 22 miles from Arkalgud, 24 miles from Hunsur and is thus situated far off from all the important Taluk Headquarters and is also cut off from the Railway Communications.

This Honasoge is the Hobli Headquarter and is one of the village panchayets of this Taluk. The population of the Honasoge village taken by itself is 1800 and of the hobli taken together will come to nearly 20000.

People of these parts have been suffering a great deal from want of medical relief and especially by their grievances cannot be expressed during times of epidemics in these parts.

We have made representations to the Taluk Amildar many a time about this and a

106

S.N. Rama Rao

H.R. Subba Rao.

P. N. Narasimhayya
Pleader.

H. Krishnamurthy.
I. Krishnarao.

resolution copy of the Village Panchayet has also been submitted to him, with a request that a suitable recommendation may be made to the Deputy Commissioner and the Government about granting us a dispensary.

At present there is a dispensary at Salagrama 8 miles off and cut off the River Cauveri and with no road communication; and another at Yedatore 19 miles from this place. Thus both the dispensaries are not of much help to the people of these parts as one is far off from this hobli and regarding another, the river will be impassable in rainy season.

After going through the Mysore Gazette of 28.8.1919 we have come to understand that Government are pleased to give medical help to the neglected parts of the state and dispensaries and in this connection we humbly and respectfully request you to be generous as to include this Honnenage, in your list as one of the places selected for giving a dispensary, thus relieving the sufferings of the people of this Hobli as well as of those of the adjacent villages of Hunsur and Arkalgud Taluks and for which act of kindness, we shall be ever praying for your long life and prosperity.

We beg to remain
Respected Sir,
Your most obedient
Servants:—

9229

No 2 Bull Temple Road
Basavanagudi
Bangalore City 25.Sept 1917

5645

To
The Chief Secretary
to the Government of Mysore
Bangalore

Med 70-18/12

SEP 1917

Sir,

As opinions called for in the recent issue of Mysore Gazette regarding the feasibilities of providing medical aid

I beg to bring to your kind notice and consideration that during the last outbreak of Influenza several people got cured under Homeopathic treatment by Dr K. V. Srinivasan, who is also known to have cured other obstinate cases of various deseases.

I am one who had recourse to the above treatment and benefitted. In Northern India it is very popular in most of the Western Countries both in England + America Homeopathy has received recognition both by the public + Government.

May I suggest in the interest of Public the facilities extended by our benign Government to other systems may also kindly be extended to Homeopathy whose usefulness the citizens of Bangalore have already experienced + feeling the necessity of an institution

Therefore beg to request that you would kindly see your way in establishing Homeo. Dispensary here + oblige

Yours obediently
[illegible]
Land Holder + Merchant.

105915

9620 To

SECRET
OCT 1919

The Chief Secretary — Recd 7-8-19
Govt. of Mysore
Bangalore

Sir

Government having called for Suggestions from the public as regards medical relief, we have the honor to submit the following points for favour of consideration.

1. Adequacy or otherwise of the present organisations for Medical relief in the State.

Every Hobli or even big Villages must be given Ayurvedic dispensary. people have more faith in Ayurvedic Drugs. This ancient Science needs research and encouragement. P. C Roy says in his history of Hindu Chemistry, that not only in the Atharvan but even in the Rik we can trace the earliest record of Indian medicines. Another writer says "The Greeks themselves did not lay claim to the honor of originating ancient culture generally or the Science of medicine in particular. Nearkus informs that Greek physicians found no remedy against the bite of Snakes, but the Indians Cured those who happened to incur such misfortunes. Many such extracts can be quoted from an economic point of view also this ancient Science should be encouraged. Ayurvedic College at Mysore, should be reorganised with professors, who are Allopathic graduates practising Ayurvedic. There are many such doctors in Calcutta persons who have passed the Lower Secondary Examination with Sanskrit,

Department of Public Health in Mysore.

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

Bangalore, dated the 30th September 1919.

No. C 115
Enc. one

5915

Med 70-18-4

From

A. K. PANI, Esq., D.P.H., etc.
Offg. Sanitary Commissioner with the Government of
H. H. the Maharaja of Mysore, BANGALORE.

To

C. S. Balasundaram Iyer, Esq., B.A.,
Chief Secretary to Government,
Bangalore.

Sir,

With reference to Government Notification No.G.4287 Med. 70-18-6 dated the 21st August 1919, I have the honour to forward a note on the subject of Improvement of Medical aid in the State.

I have the honour to be,
Sir,
Your most obedient servant,

A.K. Pani

Offg. Sanitary Commissioner.

M.A.N.

From

The Hy: Sanitary Commissioner
in Mysore

To

The Chief Secretary to Govt
of Mysore

Dated

Despatched 30-9-19

Received

General No. G.C. 115

No.

Enclosure No. one.

Forwarding a note on the
Subject of Improvement of
Medical aid in the State

" "

SECT. DEPT.
- OCT 1919
SECRETARIAT.
BRANCH.
1919

Secy
11/10.

112

N O T E.

I beg to submit my remarks on the notes furnished by Mr. H.B. Mylvaganam as member of the Committee appointed to consider the question of Medical relief, which has appeared in the gazette dated 28th August 1919, as appendix iii.

2. I am forced to make the following observations in view of the writer's sweeping remarks, condemning most of the Medical and Sanitary Officers of the State and at the same time praising the Medical and Sanitary Officers of Ceylon. It is needless to comment on the number of hospitals and the accomodation, as these are always in proportion to the needs and population of a place, though I quite agree that all hospitals should be well-equipped and manned by properly qualified medical Officers.

3. Comparisons are always odious; but as Mr. Mylvaganam has sketched a gloomy picture of the existing conditions in the State as compared with Ceylon, it may not be out of place to present the views of one, who was like himself a long resident of Ceylon and possesses first-hand knowledge of the conditions prevailing there. At the outset, I may say that our Hospitals are certainly more up-to-date and better equipped than those of Ceylon. As regards the Medical and Sanitary personnel, they are at least as well qualified as in Ceylon.

4. Having been a lecturer for some time in the Ceylon Medical College, more a School than a College, I am in a position to say with confidence that the training imparted there is far inferior to the training given either for the L.M.S., or the M.B., degree of Madras. It must be remembered, in connection with their respective merits, that the L.M.S., and M.B., are the degrees of one of the stiffest universities in India whereas those of Ceylon are only Diploma Examinations.

5. The Ceylon medical school has existed for 50 years whereas the Madras Institutions are much older, having been in existence nearly for a century. The latter has produced very able men who have distinguished themselves all over India and Burma. The foremost men in Ceylon were, and are, the products of the Madras Medical College. The Ceylon Medical College and the hospitals, in point of - - staff, equipment and accomodation, cannot possibly be compared with the Madras Medical College. In proof of the superiority of Madras over Ceylon, you can even this day find large number of Ceylon students flocking to the Madras College.

6. Mr. Mylvaganam alleges that in Ceylon there are no Sub Assistant Surgeons but he forgets that their places are taken by men of inferior qualification, called apothecaries, who are only qualified chemists and know very - - little of any professional work. I should say on the other hand that the L.M.S., of Ceylon is only equal to the - - standard of apothecaries of Madras.

7. I have already pointed out that our hospitals and dispensaries are proportionate to the area they serve and to the extent of local popular demand. I am sure that as years go by, the State will provide these Institutions in ever increasing numbers. Our State possesses a decent number of Officers with British qualifications and if the number compares less favourably with Ceylon, it is because the men in Mysore are all graduates in Medicine while those in Ceylon are only Diplomates. The Diploma of Ceylon being inferior these men, to better their prospects and training are forced to go in for a British diploma.

8. At the same time it cannot be denied that the Madras graduates have obtained British diplomas, often with more distinction and in a much shorter period than the Ceylonese

I do not of course suggest that more men should not go to England; foriegn training improves them in more ways than o one.

9. The men holding district charges are all graduates of the Madras Universities and they cannot be said with any fairness to be unfit. It is well-known that - - practically the whole medical and surgical work in British India is done by the graduates of the Indian Universities whose work has been throughly appreciated in the Civil and Military Departments. The very fact that several of these men have been and are to be appointed in the permanent cadre is enough testimony to the ability of Indian graduates.

10. It is difficult to see how the medical organization of the State can be improved by the mere opening of a Medical College in an abrupt manner instead of allowing the present medical school to develop gradually. In my opinion it will at least take five years to start a Medical Faculty.

11. It is unfortunate that an Officer of Mr. Mylvaganams standing should have chosen to sit in judgment over Officers of departments of which he has no knowledge - - whatsoever. Most of Mr. Mylvaganam remarks are unwarranted and, to say the least, do not conform to the ethics and etiquette of the profession. He has practically condemned and censured the whole medical profession in all branches of work. His remarks that the Officers now in charge of hospital wards, Lunatic Asylum, Public Health Institute are not competent are most damaging and are beneath notice. Every one in the profession understands the great usefulness and importance of having Pathologists, Bacteriologists, etc., for large Hospitals.

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Hospitals. There are at present quite a good number of qualified men in the State Service who could do all the work quite satisfactorily and creditably if they are relieved of a lot of cumbersome, routine work.

12. Mr. Mylvaganam's argument about the D. P. H being no special qualification for Bacteriology applies equally to the Fellowship examination in Surgery. The D. P. H. man who undergoes a special test in Bacteriology has clearly a better right to call himself a Specialist in that branch than the self-styled specialists who need only put in a bare attendance for a few months in the respective Hospitals.

13. Mr. Mylvaganam accuses the Mysore Sanitary Department of having proved unequal to the task of investigating the cause of the last pandemic of Influenza. He is evidently ignorant of the fact that the investigations in this direction by the most eminent men in all parts of the world have not been attended with success.

The Mysore State Sanitary officers, who are not at all too numerous, did their level best in combating the disease and none can say that the measures adopted were any the less effective than elsewhere in India. Mr. Mylvaganam only betrays inexperience and lack of administrative training in speaking airily of shortcomings attendant on the task of combating a pandemic of the most gigantic magnitude that confronted the world.

14. In conclusion, I beg to submit that inaccurate and unwarranted remarks are hardly conducive to a correct appreciation of the various aspects of the question, such as will help ~~it~~ its satisfactory disposal.

Offg. Sanitary Commissioner.

116

Office of the Senior Surgeon, Mysore Govt.

No. G.C. [illegible]

Encls. [illegible]

Dated Bangalore, 27th September 1919.

Stamps kept by for returning to Senior Surgeon

H&R 3-7-20

6337

Med 2078-16

From

Rajakarya Pravina Rao Bahadur

T. V. Armugam Mudaliar, Esq., M.B., C.M.,

Senior Surgeon with the Government of

H. H. the Maharaja of Mysore, Bangalore.

To

The Chief Secretary to the Government of

H. H. the Maharaja of Mysore,

~~Department~~, Bangalore.

Sir,

With reference to Government Order No.G.4287-Med. 70-18-6, dated the 21st August 1919, publishing in the Mysore Gazette the papers connected with the special committee's report on the subject of extension of medical aid in rural areas and other allied matters, and inviting public opinion thereon, I have the honor to forward herewith two representations addressed to you by Sub Assistant Surgeons B. Vasudeva Rao and K. Vasudeva Rao of this department.

I have the honor to be

Sir,

Your most obedient servant

T V Armugam

Senior Surgeon

Recd. 1.10.19
3 annas stamps
wf

From

The Senior Surgeon
with the Govt. of Mysore,
Bangalore.

To

The Chief Secretary to
the Government of Mysore,
Dept., Bangalore.

Dated 30. 9. 1919

No. A. C. Dis: 458

Encls. 3 letters with one acknowledgement
3 — one anna stamps.

Subject.

Forwarding Memorial on the subject of extension of medical aid in rural areas.

Rec'd in Camp
Prof. Mysore
C.R.R.
2/10/19.

No 76
15-9-1919 From

117

B. Vasudeva Rao
Sub. Asst. Surgeon 2nd grade
Nagar
Shimoga District

22. SEP. 1919

To,
The Chief Secretary
to the Govt of Mysore
Bangalore.

Through the District Medical officer Shimoga

Sir,

As the Govt in their No GH287-Med 70-18-6 dated 21st August 1919, have called for public opinion on the question of Medical relief in the State, I beg to submit the following suggestions for favourable considerations.

1. Adequacy or otherwise of the Present organisation for Medical relief in the State

The No of lower Medical subordinates requires to be increased. All the Taluk Head Quarters dispensaries may be given in charge of Sub. Asst. Surgeons. Excluding Bangalore and Mysore, all the other 6 district Hospitals will have a district Surgeon and an Asst. Surgeon. Every Hobli or even-

Any big villages, must be given one Ayurvedic dispensary. People have more faith in Ayurvedic drugs. There are many Ayurvedic drugs which are more effective than English medicines. Many cases which are considered as incurable in hospitals are cured by simple Indian drugs. This ancient science needs research and encouragement. Dr. P. C. Ray says in his "History of Hindu Chemistry" that not only in the Atharvan but even in the Rik we can trace the earliest record of Indian medicines. Another writer says "The Greeks themselves did not lay claim to the honor of originating ancient culture generally or the science of medicine in particular. Nearchus informs that Greek Physicians found no remedy against the bite of snake but the Indians cured those who happened to suffer such misfortunes. Many such extracts can be quoted. From an economic point of view also this ancient science needs sympathetic treatment at the hands of the Govt. The Ayurvedic colleges should be reorganised by professors who are Allopathic doctors practising Ayurvedic. There are many such doctors in Calcutta. A three years course may be adopted

and important subjects of both the Sciences can be taught. Similar opinion has been given by Mr Chakravarthi, late Comptroller of Mysore Govt. He contributed few articles which appeared in the "Vaidhantha Patrika"

At every Taluk Head Quarter, a male dispensary under the charge of a Sub. Asst. Surgeon and a female dispensary under the charge of a Lady Sub Asst Surgeon. One Lady Asst Surgeon and one Asst. Surgeon be appointed in every District Hospital, the Asst Surgeon to be the R.M.O and Lady Asst Surgeon in charge of the Maternity which should be opened as an adjunct to the District Hospital. The Committee proposes to spend nearly 50 lakhs in 5 years. With 5 lakhs better facility in providing medical relief to the masses can be given if the above suggestions are adopted:

2. Necessity for increasing the number of Hospitals and dispensaries in the outlying parts.

   Dealt with in the I heading.

3. Feasability of extending medical aid through Ayurvedic and Unani Institutions

   Dealt with in the I heading.

4. Improving female medical relief throughout the state 120

5. Programme for the next five years and the advisability of starting a medical faculty and reorganising the medical school.

Medical school should be reorganised. Professors should be doctors & English degrees. There should be 2 courses one extending to 5 years & L.M.S diploma and the other extending 6 years & M.B.C.M degree. Minimum qualification for admission should be school final. But graduates will be rightly be given preference; when good prospects are shown to the L.M.S and M.B.C.M graduates will come forward. Persons turned out from this college should be appointed as Asst. Surgeons without any distinction of the degree, of course preference being given to M.B.C.M. Every year a few can be sent to England & scholarships. When these return, they will be appointed as district Surgeons or professors in the Medical College. Thus the contemptuous term of S.A.S will be given up once for all: the sooner this is done, the better.

6. Adjustment of financial responsibility between Govt and municipal funds.

(a) District Hospitals may be maintained by State funds.

(b) Taluk dispensaries may be maintained by state and municipal ½ by ½

(c) Hobli Ayurvedic dispensaries by Dt funds.

7. Immediate requirements of the department

Medical school should be reorganised as stated above. District Hospitals should be in charge of surgeons & English degrees.

Pay, allowances and prospects of the Sub. Asst. Surgeon should be the same as those in the Madras Presidency. Where there are quarters, they should be given free: Where there are no quarters. Rs five be paid in Mofussil, Rs 8 in District Head Quarters and Rs 10 in Bangalore and Mysore cities.

Pay of the compounder needs revision as Rs 15 - 18 - 21 and 25

Similar grade be given to midwife also.

Surgery coolies be paid Rs 8 and water man Rs 7.

Lastly I beg to state that not only I am, but the whole class of Sub. Asst. Surgeons, is very sorry to see that not even one member of the class is taken on the Committee. The

The class is considered the back bone of the department. In Madras ~~&~~ Bombay and other places, they were given seats in the Medical Councils. If it were considered by the committee as dishonourable to have a member of this class, at least a district medical officer who has experience of these mofussil places, could have been appointed. Even now it is not too late. A general circular, may be issued to all the Sub. Asst. Surgeons and District Medical officers and their suggestions called for.

These are my humble suggestions. I request that those shown under (7) be given effect to as early as possible. There is much discontent and heart burning among the Sub. Asst. Surgeons and Compounders.

I beg to remain,
Sir,
Your most obedient Servant

Nagar
15.9.19

P. Vasudevaiah
Sub. Asst. Surgeon
2nd grade
Nagar
Shimoga

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From Sub-asst Surgeon,
Arcotte,
through the District Medical officer
& through the Senior Surgeon,
with the Govt of Mysore,
Bangalore

to. The Chief Secretary, to the Govt, Bangalore

Dated 10/9/19.

Despatched

Received

16. SE.

General No. 361
No.

Enclosure No. Nil

Sir,

I beg leave to approach you with a prayer to kindly read in the first sentence, after concerning paragraph of this office no 357 6/9/19 —

"on conclusion ..... in an age ..... and is considered eligible for the I.M.S' commission ..... for as commissioned rank to

GPB—50,000—8-1-13

Indian Military Service.

114

I beg to remain Sir

Your most obedient and humble Servant

H. Vandeva Das L.M.P

Sub-Asst-Surgeon

1919

From Sub-Asst Surgeon, Anavatti

To The District Medical Officer, Shimoga.

Dated 6th September 19

Despatched

Received

General No. 358

No.

Enclosure No. 1. (No. 357)

Sir,

I beg to submit this office no 357 6/9/19, for kind forwarding to the Govt. I have enclosed 5 annas stamps for registering by you, Sir, and the Senior Surgeon with the Govt of Mysore, this office no 357 6/9/19 and for an acknowledgement from the Chief Secretary to the Govt.

GPB—10,000—8-1-13

of the acknowledgement receipt is not received from the Chief Secretary to Govt., within the 21st of the this month, I will be put to the painful necessity of forwarding a copy of this office no $\frac{357}{6/9/19}$, directly as the fate of the Sub-Asst-Surgeon in the State, is at the anvil. I humbly beg to approach you, with a prayer, to order the issue of a circular, amongst the Sub-Asst-Surgeons in the District, immediately, calling for their suggestions as per the publication in the Mysore Gazette of 28/8/19, as the Sub-Asst-Surgeons form the bulk of the medical population (almost all of them in service) in the State and as there is no representation of their class by a member on the Medical Committee' and to kindly move the Senior Surgeon with the Government of Mysore for a similar action.

I humbly beg of you for your kind permission to send a copy of the same, to various news paper editors' as I think, that the public and the press in the State, are not sufficiently enlightened about the Sub-Asst-Surgeon.

I humbly beg to express my deep sense of
my attitude to the Senior Surgeon (with the Govt.
Mysore and those members in the Committee
that pleaded the cause of Sub-Asst. Surgeons, so
ably. I humbly beg to be excused, for
any faults of mine which may appear in these
dockets and any suggestions that may be
wrong; as the same are written, in good
intention and without any trials. I humbly
pray for the earliest answer to the above
points in this docket. (BS-8 6/9/19.)

I beg to remain Sir,
Your most obedient humble
servant.

T. Vaneliviraja
Sub Asst. Surgeon

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From Sub-Asst. Surgeon,
Anavatti.

through the Senior Surgeon,
with
the Govt of Mysore, Bangalore.
And
through the District Medical officer
Shimoga.

To. The Chief Secretary,
to
the Govt of Mysore, Bangalore.

No. 357
Dated 6th September 1919.

Sir,

I humbly beg
leave to approach you, most respectfully,
with the following lines, on the question
of medical relief in the State, published in
Mysore Gazette of 28/8/19, in Part I, Section 2,
from page 745 to 762nd page.

I fully concur with the views expressed and suggestions made by the committee, including its appendicies, without prejudice to my views, as detailed below:-

3. Feasibility of extending Medical and Through Ayurvedic and Unani Systems

This measure may be undertaken, in the present State of the country and under the present circumstances, on the principle, that 'Something is better than nothing'. No definite opinion can be formed with safety, as to the efficacy or otherwise of the indegenous Systems of medicine, without the active co-operation of the experts, that are well versed in both the eastern and western systems of medicine. My humble opinion is, that the safest course would be to enrich the western medical science by inculcation of what is best and worth having, in these ancient Systems

of medicine, thus bringing about, a happy blending of the two, into the harmonious one.

5. (1) Advisability of Starting a Medical faculty.

I think it is far better and cheaper, to follow the example of the British Licensing bodies, in training the existing Sub-Asst-Surgeons, for higer Degrees, with a course of instructions, extended over a course of 2 years, with a medical preliminary examination, if considered necesary by the Government. By adopting this plan, the recognition by the General Medical Council of Medical Education and Registration of the United Kingdom, can be easily obtained, all the medical institutions of the State can be officered by 'highly qualified' medical men, within a period of 10 years and "the discontentment and heartburn" among the Sub-Asst-Surgeons

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will disappear altogether. This will be on the plan of training, an 'Intermediate' or II year B.A Student, for the final degree examination and is an old policy well recognised by the Govt, that is adopted in the education department of the State, by coaching the men in-service to the 'Lower Secondary', 'Upper Secondary' and 'Vidwat' examinations. The Medical faculty may be immediately started, on the lines I have indicated and the Scholarships may be continued, as usual, for men desirous of obtaining 'the Medical Degree' direct from our 'Arts and Science' Colleges. The Sub-ass't-Surgeons, admitted into the 'higher degrees', may be started on a pay of Rs 70, rising to 200, with an annual increment of Rs 10., with an efficiency bar, for further promotions.

5 (2) Re-organisation of the Medical School

I think it is advisable to re-organise the local

medical School; on the model of the Madras
I. M. S., Scheme', with a course of five years or
more, at the earliest date.

- 5th (3) programme for the next five years -
I think, it is highly desirable,
that the quarters for the medical men
built on the most up-to-date Sanitary
principles (which serve as practical house plans
to the public, in every hobli), should precede
the inception of new dispensaries and a new
Scale of local allowances fixed, with due
regard to local conditions of each Locality.

7. On mediate requirements of the Department
as regards recruitment of the Sub-Asst-Surgeons
to the Service I think there will be much
difficulty for two years more, unless the
pay and prospects of the Sub-Asst-Surgeon
is improved on a higher Scale in its entirety
from those prevailing in the British provinces

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A Sub-ast.-Surgeon in the British Indian medical Service has not only higher rates of pay and allowances, than those prevailing in the Mysore State, to-day, but also has an extensive field for practice, as most of the dispensaries are situated in places equal to, if not bigger than our District and Taluk head-quarters, with a larger area under their influence and with a population that can appreciate and pay liberally for the Services of a medical man. The very existence of a handful number of practitioners, that are practising in the western system of medicine in the State, including those that are in the premier cities of Bangalore and Mysore, is in itself a clear index of the out-side income of a Sub-ordinate Serving in the State in the shape of fees. Hence it is that "the local Sub-ordinate medical Service is less attractive." The general tendency of the

present times, to increase the number of emoluments of highly paid officers and to overlook the oft repeated grievances of the Sub-ordinate Staffs, is proving itself highly detrimental to the interests of efficiency and good Government".

The modern I.M.P of Madras is far higher a being, in his intellectual capacities, professional abilities and in his wider out-look of the world, than of old. He is a member of the class, which has in its fold many brilliant workers both in the field of Medicine as well as in Surgery, both in independant medical profession as well as in Service, whether military or Civil. Much information can be gained, as to his actual value by a perusal of the article which appeared in the 'Indian Medical Gazette' by Lt colonel R. Bryson, on the

Standardisation and metamorphosis of the L.M.P., and the issues of the 'Indian Medical Journal', the organ of their class.

He is licensed to practise in medicine, Surgery and midwifery and as such he is a licentiate in the above subjects, and can be registered as a practitioner, by the Provincial Medical councils. What he (the depressed-class man in the medical Society) urgently needs is, encouragement, protection and a living wage, commensurate with the dignity and prestige of a medical man, so that he may be able to lead the ideal life which he preaches to others. What we see him in the State, is the final product in the process of adaptation to the local surroundings, and circumstances and other influences, over which he has no control. The present policy of once a Sub-ast-Surgeon is to be ever a Sub-ast-Surgeon, is highly deleterious in its effects. He must have

Some incentive to work, some ambition alike, and some ideal to strive after. 126

As Mysore is a self-governing State a higher rate of pay may be kindly sanctioned viz 70-10-150, thus setting an example, to the other provinces.

In conclusion, I beg to bring to the kind notice of the Government with deep regret, that there is no representative on 'the Committee', by a member of the Sub-ast-Surgeon's class, in an age, when Sub-ast-Surgeons, are given seats in the provincial medical councils and is considered eligible for the 'I.M.S' Commission and in the land which produced Dr. P.S the late Ramachandra Iyer, of the all India Sub-asst-Surgeon organisation and fame. Moreover, he forms the bulk of the 'Medical population' (all most all of them in service) practising in the western system of medicine, at present in the State.

I do not think that Mysore is devoid of
a Sub-Asst-Surgeon, who can ably point
forth, the medical needs of the State and
suggest remedial measures characterized with
moderation and sound judgement. If the
Government were to be pleased to consider, that
such a man is not available amongst them,
Lt Colonel R. Bryson, the Superintendent
of the Royapuram Medical School, might
have been appointed on the committee, as
their representative, as the overwhelming
majority of the Sub-Asst-Surgeons, in the
State, belong to the above institution.

I humbly beg to crave as a great
boon from you, Sir, in the absence of a
representative on the committee of the
Sub-Asst-Surgeon class, the ordering of the
issue of a circular calling for the
suggestions from the Sub-Asst-Surgeons,
who are scattered throughout the State (hence
the absence of an organized representation),

and to post-pone the final 126 Judgement

and decisive action, on the recommendations

of the Committee.

I humbly beg to remain
Sir,

Your most obedient and humble
Servant,

K. Vasudeva Rao
Sub-Asst-Surgeon

P. & T.

Acknowledgment.

(To be returned to office of posting for delivery to sender.)

RECEIVED a registered* _____ No _____

addressed to (*name*) _____

_____

† ~~Insured for Rs.~~ To, the Chief Secretary, Mysore

† ~~Weighing (in words)~~ Bangalore. — to issue rates

Signature of addressee _____

Date of delivery _____ 19

* Write here "letter," "post-card," "packet," or "parcel," as the case may be, preceded by the word "insured" if the article is insured.

† To be filled up only in the case of insured articles, and to be scored out in the case of other articles.

Lal Chand & Sons—3047—11-9-17—83,00,000 (Edn. II).

On Postal Service.

To

Sender's name and address. K. Vasudeva Rao.
Sub-asst Surgeon.
Anaraiti P.O, Chinglepet.

Name-stamp of office of posting.

6279.

WD.053—GPB—8,00,000—21-7-17—S.

1919-20

From

K.Mylar Rao,Esq.,B.A.,B.L.,
Deputy Commissioner and
Chairman,M.I.Committee,
Kadur District.

To

C.S.Balasundaram Iyer,Esq.,B.A

Chief Secretary to the Govern
-ment of Mysore,Bangalore.

Dated 13th October 1919.

Despatched 14-10-20

Received 17 OCT 1919

General No. 153

No. 1919-20

Enclosure No. One.

Sir,

I have the honor to submit herewith, in original, for the inform-ation of the Government, the views of the Malnad Land Holders' Associa-tion on the report of the Medical Committee appointed by the Govern-ment.

I have the honor to be

Sir,

Your most obedient Servant

M Subba Ramiah

For Deputy Commissioner
and Chairman,M.I.Committee

Medical Relief in Mysore

Adverting to the orders of the Government dated the 18th February 1919, bearing No. G. 1772 9-35, Med 70-181 constituting a committee to report on certain points regarding medical relief in Mysore, I beg to point out under instructions of the Mahrad Land Holders Association Horabobbia, that the committee itself is defective in its composition, in as much as the committee was asked to consider the advisability of extending medical aid through Ayurvedic and Unani "Medicines" Institutions. There is none on the Committee to speak on the question with any

authority 9/42 as none on
the committee had any
experience in it either
by training or by practice.

The committee should
have had on it the
Mysore Secretary who though
not a medical man is
the controlling authority of
the University College in
Mysore. The Principal of
that College should also
have been added on.
The Superintendent of the
Lunatic Asylum may have
been brought on the committee
with great advantage.
As it is, the Lunatic Asylum
no idea as to what is being
done in the Asylum and
the method of treatment
adopted.

The report of the committee
is defective in many ways.

The Committee [illegible]
more. to attach the work
prepared for them. by the
Senior Surgeon. who. in
course to the Abbeth Officer
and has possess himself
with the requirements of
the various localities.
The report has been
adopted in toto, without
variations.
The Committee, as a whole
never travelled anywhere,
never recorded any
evidence, did not care
to consult public opinion
dealt with a vast province
against the indigenous
system and condemned
the same in unmeasured
language. relying on the
Medical Gazette. Recorded
by [illegible] Medical Officers
who have no idea of the

treatment each man
is known to Hospitals.

The Committee never
visited the Lunatic
asylum. though they were
requested to do so.

The Committee have not
a word to say in the
praise of general
diseases, prevailing in
the interior of the Province.
on the whole. I am humbly
of opinion that the Report
is defective and silent
on general points.

The Committee may have
been short enough, to accept
the invitation of the Malnad
Land Holders association
to visit the outlying parts
of the State. The Committee
could have seen with
advantage, the working
of the travelling dispensaries
in Malnad.

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The Lunatic asylum, ab
Cash. should have been
visited. Rs 1 men required
to do so.

The treatment therein
given, is not upto date
The surgeon in charge is
over burdened with other
duties. He must be
relieved of the charge of
the Medical Stores and
I submit that the asylum
should be a separate
charge of a civil surgeon.
Competent medical officers
should be trained in the
treatment of Mental
diseases, either in India
as Europe or in both the
places.

Such a work has been
Cash should remitate

all assistant surgeons
and sub assistant surgeons
are ex-officio health
officers in their respective
jurisdiction.
The Committee should
have taken the views
of the Sanitary Commissioner
who might have been
consulted on the Committee.
Also for female medical
aid, it is now very
deplorable.
Indian women are very
modest and ask the
help of their lines through
like to subject themselves
under male medical
treatment, if they can avoid
it.
It is the duty of every civilised
Government to carry medical
relief to women, especially
during their lying in time.

Respectable midwives must be selected 467 on attractive bay.

I will suggest that the appointment of Lady Health Visitors, to meet women in their homes may be considered.

The midwives may be their subordinates.

I will urge that midwifery may be taught as a compulsory subject to the first students of the Maharaja's college.

Regarding the Ayurvedic Treatment, the suggestions of the Mysore Secretary may have been considered and commented upon.

The present Ayurvedic college is only in name

It is not popular and does not command respect. The Principal in charge was till lately a Sub assistant Surgeon. He was never trained in the indigenous system. Better scholarships must be offered. A research bureau must be started. and the famous Dhanvantaris may be explored for medicinal herbs. A herb garden on a large scale may be organised. To condemn a long standing system which did wonderful work during influenza cannot be condemned on the strength of the measure criticised in the Medical Gazette. The Ayurvedic college must be principalled by an Officer

of experience and training
in Ayurveda. Willing and competent
graduates may be sent
to Calcutta for training.
and then started on equal
pay and opportunities.
District Medical Officers
should not be Sanitary
Officers as well, as their
duties clash and naturally
Mere increase of medical
institutions is no good-
The quality of treatment
should be efficient.
A Medical Faculty is
a necessity sooner or
later and better it is —
sanctioned sooner, as our
University must be self-
contained.
The Medical college must
be located in Bangalore
as there are facilities

and greater opportunities
of training young men,
owing to proximity of a
number of well-equipped
medical institutions.

The compounders in the
hospitals after an
approved service of 20
years may be given
the rank of Hon. Sub
assistant surgeons, as
a matter of encouragement.
Travelling dispensaries
would do much good
and cannot answer
the requirements of special
localities.

These are some of the
views, expressed by
the members of the Mahad
Land Holders' association
29.9.19 } Krishnaji Lele
camp } Hon. Secretary
Narasinha

15 0655

Petition
copy
Pl.
Per courtesy

DIARY No 2375

19

SECTION

FILE No.

Ch Sec
NOV 1919

11787

Rec'd
7 NOV 19

PROTECTION
7 NOV 1919

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D. O. No. G.C.136

Office of the Sanitary Commissioner in Mysore

Bangalore, 5th November 1919.

PROTECTION BRANCH. 6 NOV 1919

7221

SECTION
FILE No.
SERIAL

197.

Dear Sir,

I herein enclose a copy of note on the question of Medical Relief in the State, sent in by Mr. J. V. Mascarenhas, Health Officer, Kolar Gold Fields. He reports he was not able to submit the note in time having been busy with duties connected with the prevalence of Influenza on the Gold Fields.

Yours Sincerely,

To

C.S.Balasundaram Iyer, Esq., B.A.,
Chief Secretary to Government,
Bangalore.

As public opinion is called for on the Report of the Committee appointed to consider the question of Medical Relief in the State I beg to submit as follows:-

1. As there are Ayurvedic schools in the state, the students passing from these Institutions may be trained in vaccination and posted to rural areas where medical aid is scarcely available. For the present one man can be appointed for 2 Hoblis to work both as vaccinator and medicine man. The pay of the vaccinators has been increased to Rs 15-2 and the men trained in our Ayurvedic schools would thus be able to get employment.

2. For the present there is one Sanitary Inspector for one Taluk. He cannot be expected to do justice to his work. The work of sanitation may be delegated to the Sheikdar of the Hobli where in virtue of his position as Revenue Inspector he would better be able to carry out the village sanitary rules than the Sanitary Inspector who would have to look after 7 or 8 hoblis. He must be made to submit his weekly diary to the District Sanitary Officer in a prescribed printed form. He should also be made responsible to apprise the District Sanitary Officer about the outbreak of any Epidemic Disease in his hobli.

3. By adopting the 2 expedients I have mentioned I consider great improvement may be caused in the matter of public health in the rural areas.

4. Regarding the starting of a Medical Faculty, I consider there will not be enough of material to work upon in Bangalore. So long as graductes are required for the State service only, not more than 3 or 4 recruits would be appointed every year and to have a Faculty to turn out 3 men in a year would be a great fallacy. Madras Bombay and Calcutta have been centres of higher Medical eduucation in India and they would continue to be so as long as there are such immense trade communications with these ports. Bangalore Hospitals

is of very inferior kind and that is why so many of them had to go to England to obtain British qualifications. Many of the men in the Madras Presidency who possess British qualifications are those who failed to pass the Degree Examinations, of the Madras University.

7. Dr. Mylvaganam states re Influenza that no effort was made by the Sanitary Department to investigate into the causes of the epidemic. I would like to ask the Doctor if the epidemic was confined to Mysore State only or to the whole world and if the real cause has been found out by the experts in the other parts of the World. I would also like to ask him, if a vaccine has been prepared whether it has been advertised to prove as efficacious as in the case of typhoid or plague? I consider the Doctor should not have made such a statement in the face of the fact that the real organism causing the disease has not yet been found. It has been stated by many bacteriologists that it is filter-passable. That the disease is not insect-borne is amply proved by the course it adopts and such experiments as were carried out in the Panama regarding Yellow Fever, would be futile. The Doctor would do well to remember that while the results of surgical explorations are dogmatic, those of Bacteriological investigations in many cases are only problematic.

8. Dr. Mylvaganam seems to have a vague idea of the work to be done in a Bacteriological Institute. Any man who has passed the D.P.H. has full training to do bacteriological work in any laboratory. He can prepare vaccines only, but he cannot prepare sera. The only State Institute (that I know of) where sera are prepared in England is the Institute at Elstree, and the only sera that have been proved to be of real value are Antidiphtheratic and Anti-tetanic. The Doctor would be kind enough to inform the Government how many cases of Diphtheria and Tetanus he has been getting for treatment. The cost of preparing sera for Diphtheria and Tetanus for all cases that are occurring in India would be 100 times more than of getting them from a recognized Institute

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would never offer such variety of cases as the Hospitals in the three great centres mentioned. The men trained in Bangalor would never be able to see such variety of cases as even the Sub Assistant Surgeons trained in the Royapuram Medical school Further if a Medical Faculty is opened in Bangalore though there are ~~enough~~ sufficient, large number of Hospitals both in the Civil and Military station and City, unless the Medical Officers of both the places are appointed Professors and there is distinct collaboration between the Medical Officers of the two sets of Institutions the clinical training of the students would suffer.

5. The Sub Assistant Surgeons form a useful class of subordinate Medical officers. They are all Matriculates or have passed S.S.L.C. examination, and about their ability and usefulness men more experienced than Dr. Mylvaganam have testified They really form the back-bone of the State Medical services. If some have not shewn themselves up to the mark, it may be partly due to the innate callousness which is evident even in higher grades of all services and also to the lack of opportunities afforded to them to improve their knowledge of the profession. When the Medical Relief is ~~to be~~ extended, the Sub Assistant Surgeons would be the only persons who would have to be posted to the Dispensaries.

6. Dr. Mylvaganam has made very unkind remarks about the District Medical Officers. He might have received cases for operation from the other District Head Quarters and which might have been due to lack of capable assistance or nursing in the mofussil Hospital. During the great war when the I.M.S. men were called away on Military service almost all the District Hospitals in India were controlled by men who had graduated in India and particularly so was the case with the Hospitals in the Madras Presidency. The various Governments have during successive years of war eulogised the services of the men who had passed out from the Medical Colleges in India. It is possible that the training imparted in Ceylon

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in Europe.

9. When highly qualified Physicians and Surgeons are required for the State Hospitals, why is a Pathologist required to diagnose the cases for the Surgeon or Physician? The Surgeon or Physician should be his own Pathologist. The argument of Dr. Pylavageham that Ayurvedic and Unani Systems are a System of pharmacy would only counterbalance his case, for when the Pathologist has diagnosed the case, the Surgeon or Physician would only be a man of knife or pharmacy. It is quite a different question to ask for a Pathologist for a College who should also be a good Surgeon and Physician.

Medical Officer of Health,
Kolar Gold Fields.

List of persons who have furnished opinions on the report of the Committee appointed in Government Order No.G.17799-35/Med.70-18-1 dated 18th February 1919.

Sl. No.	From whom.	No. and date of communication.	Opinions.	Remarks.
1	Channakesavaiya of Megundappa Taluk.	5178 dated 1st September 1919.	Represents that great difficulty is felt for want of dispensaries in the Kadur District and requests that Local Fund Dispensaries may be ordered to be opened at Megunda and Kegga.	
2.	C. Vamana Rao of Nagar Union.	16th September 1919.	New dispensaries to be manned by Sub-Assistant Surgeons, an Ayurvedic store to be opened, the pay of Sub Assistant Surgeons and waterwomen' raised and - professors of Medical College to be Mysoreans.	
3.	M. Seetharamayya, - Praja Hithaishi Sangha, Kikkere.	No.34 dated 20/22nd September 1919.	Requests the establishment of a - Dispensary at Kikkere.	
4.	Govindacharya and other residents of Hanasoge village.	Nil	-do- -do- at Hanasoge.	
5.	B.C.Nagesha Rao, Landholder and Merchant, Bangalore.	25th September 1919.	That a ~~Ayurvedic~~ Homeopathic Dispensary may be opened in Bangalore.	
6.	B. Vasudeva Rao. Sub Asst Surgeon Major.	No.76 dated 15th September 1919.	Ayurvedic Dispensary to be established in every hobli. Reorganisation of the Ayurvedic College and the Medical - School. The District Hospitals to be in charge of surgeons. The pay of - Sub Assistant Surgeons to be increased.	

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7.	A. Vasudeva Rao. Sub Asst Surgeon Anevatti	No.361 dated 1st September 1919.	Blending of Ayurvedic and Allopathic systems, starting of the medical faculty and the example of the British Licensing bodies to be followed, Providing quarters for medical officers and raising the pay and prospects of Sub Assistant Surgeons.
8.	N. Srinivasa Udupa RA. member and N. Subba Rao, member L.Board.		Ayurvedic science should be given encouragement and that a medical faculty should be constituted.
9.	A. K. Pani.	No.Gc.115 dated 30th Sep. 1919.	Remarks on the note furnished by Mr. Mylvaganum.
10.	Deputy Commissioner and Chairman, Malnad Improvement Committee, Kadur.	No.153 dated 13th October 1919.	(Mr. V. P. Sanjiva Rao's Hony Secy.) Submits the views of the Malndd Land-holders Association - to provide medical relief through Ayurvedic and Unani Institutions. The composition of the Committee and effective.
11.	M. Narasimiengar & others Citizens of Bangalore		Requests that a Homeopathic Dispensary may be opened at Bangalore.
12.	T. Venkatasubba Chetty, Merchant, Bangalore		- do -
13.	Mr. Mascrenhas, Health Officer, Kolar Gold Fields.		Students passing from the Ayurvedic schools should be appointed to work as vaccinators and medicine men in Hoblies and that the Sheikdar of each Hobli should be entrusted with the work of looking after Sanitation also.

Jdl 685 of 20 5/1

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Main Heads.	No. in list A.	Abstract of opinions received on the medical Committee's Report.	Remarks
I. Adequacy of the present organisation for medical relief.	2, 6,	All the notes agree that the present provision is inadequate. It is proposed that at every Taluk Headquarters a male dispensary under the charge of a Sub Assistant Surgeon and a female dispensary under the charge of a Female Sub Assistant Surgeon should be started (Sl.)	
II. Necessity for increasing the number of Hospitals and Dispensaries in the outlying parts of the State.		The notes generally accept the views of the Committee.	
	3	1. One of them suggests that existing dispensaries should be improved before new ones are opened. (Sl.)	
	1	2. It is also suggested in individual representations that dispensaries may be opened in the following places:- (a) Kikkere, Krishnarajpet Taluk.	
	4	(b) Kigga and Honnunda, and - (c) Honasoge, Yedatore Taluk (Sl..)	under Consideration in Med 106-18.1/
	10	3. It is proposed that the Lunatic Asylum should be in charge of a Civil Surgeon (Sl.....). Competent Medical Officers should be trained in the treatment of mental diseases for this purpose. (Sl.....)	The Lunatic Asylum has been placed in charge of a Superintendent Dept. Medical (Go. no 6920-1/Med 114-18 dt 16.9.19)
	5 & 11/12	4. Several of the representations urge the establishment of a Homoeopathic Dispensary at Bangalore. (Sl.)	5. Travelling Dispensaries do not do much good
III. Feasibility of extending medical aid thorough Ayurvedic and Unani institutions.	7	Western medicine is to be blended with what is good in the Ayurvedic and Unani systems. (Sls.).	
	68,	2. Every Hobli or even big village should have an Ayurvedic Dispensary as people have more confidence in such treatment. Only by such means can medical aid reach the masses. (Sl.)	Orders have issued in Go. no. 579-20/Myl 5 22-18-2 & 13.5.19.
	6	3. The Ayurvedic College in Mysore should be reorganised and placed in a better footing with a research bureau and herb garden attached to it. (Sl.	
	6	4. The Ayurvedic College must be principalled by an officer of experience and training in Ayurveda. (Sl.	
		5. Willing and competent graduates may be sent to Calcutta for training and then started on equal pay and opportunities with the other medical officers. (Sl.....)	
		6. Better scholarships may be offered. (Sl.....).	
	2	7. An Ayurvedic Medical store should be opened from which Ayurvedic drugs should be supplied to the several Ayurvedic Dispensaries. (Sl.....)	
	13	8. The students passing from the Ayurvedic schools in the State should be appointed to work as vaccinators and medicut men in Hoblies. (Sl.....)	
IV. Improving female medical aid.		Lady Health Visitors may be appointed to visit women in their homes. - Midwifery may be taught as a compulsary	
	10	subject to the students of the Maharani' College. (Sl.....).	

V. Advisability of starting a medical faculty.

10, 78 The sooner the medical faculty is brought into existence the better. A medical College should be started preparing candidates for L.M.&S., and M.B.B.S., degrees. (Sl.....).

10 2. The Medical College should be located in Bangalore. (Sl.....)

13, 3. There is no need for opening a medical faculty in the University at present.

7 4. The example of British Licensing bodies is to be followed in training the Sub-Assistant Surgeons. (Sl....)

6,7. 9 5. The Medical schools should be reorganised on the model of the Agra L.M.&S., scheme. (Sl.....).

VI. Financial responsibility of Government, Municipal Councils and District Boards in regard to medical institutions.

The suggestions of the Committee as regards this point are generally approved.

6,8, 2. Every Hobli Ayurvedic Dispensary is to be maintained out of District Funds. (Sl.....).

VII. Immediate requirements of the Department-additional medical staff needed and how to recruit them.

7 Quarters to Medical Officers should be built before new dispensaries are opened. (Sl....)

2, 6, 7, 8, 2. The pay and prospects of the Sub-Assistant Surgeons should be in a higher scale than those in British India - viz., Rs. 70-10-100. (Sl...)

10 3. Compounders after a service of 20 years may be given the rank of Honorary Sub Assistant Surgeons as a matter of encouragement. (Sl....)

2 4. Waterman's pay should be raised to Rs. 7/-. (Sl.....)

VIII. General.

10. The Committee appointed by Government is defective because there was none on it acquainted with Ayurvedic and Unani Medicines and because it did not take public opinion. (Sl.....).

10 2. The Committee did not visit Koppa though they were requested to do so. (Sl.....).

6, 7, 8, 3. The Sub Assistant Surgeons were not represented on the Committee and they should be asked by circular to give their opinion on the Committee's report. (Sl....).

13. 4. The Sheikdar of each Hobli may be entrusted with the work of looking after Sanitation also.(Sl...)

5.1.20

under consideration in Ele med. 77-17-

proposals made by the Committee	Abstract of Opinions received	proposals Recommended by	Remarks
II Adequacy of the present organisation for medical relief.			
1. Opening of 110 new dispensaries during the next five years.			1. The Senior Surgeon has been asked to submit proposals for utilising the budget grant for improvement of medical aid in the State. (Vide letter no. 4288 dt 21-8-19) Flag C.
2. Posting of Sub Asst Surgeons in addition to Asst Surgeons to certain important dispensaries.			
3. Development of district hospitals to bring them up to date.			
4. New and up-to-date buildings for the Lunatic Asylum			4) Under active Consideration of Govt vide 14-18 (submitted to Govt on 15/1/20)
III Necessity for increasing the no of Hospitals and Dispensaries in the outlying parts of the State (Dealt with in part I)			

Vide Ref B

III Feasibility of extending medical aid through Ayurvedic and Unani Institutions.

5. Extension of medical relief through Unani and Ayurvedic dispensaries is feasible only if properly qualified Vaidyans Can be turned out from the training institution at Kozhikode.

III Improving female medical aid throughout the State

b) Providing each Taluk Head-quarter with a female dispensary in Charge of a lady Sub Assistant Surgeon with Unani medicines

Vide Govt. Lr. dt. 8.

5. Orders have issued sanctioning the scheme of the Reorganisation of the Ayurvedic College, Nilgiris and establishment of an Ayurvedic dispensary, a pharmacy, a library, a museum and a herbal garden attached thereto in G.O. No 519-20 Hlth 522-18 dt 13th August 1919. Hlth. F

7. Opening of maternities in each District Headquarter with facilities for training of dayees as midwifery.

8. A building for the maternity at Bangalore.

II Advisability of starting Medical faculty.

9. Starting a medical faculty in Bangalore, by establishing a Medical College.

Programme for the next 5 years

10) If the work of opening the new dispensaries, the development or improvement of certain existing medical institutions, and the starting of the Medical College be spread over five years

Vide Col. B.

maternities have been furnished for Shimoga & Dharwar in pursuance of G.O. No. 2801-4 (Med) 35-42 dt. 29-11-45. The question of a maternity @ Gulbarga & Hassan is under consideration in Med. 100-18-P. Proposals are awaited from the maternity @ Kolar.

8. Report of the Committee appointed to reduce the estimate of cost for the maternity has not been received

17

the ~~Cost~~ expenditure in each year will be —

1st year - Rs 9,27,012.

2nd year - Rs 9,55,024

3rd year - Rs 10,13,036

4th year - Rs 10,71,048

5th year - Rs 11,34,060.

VI Question of adjusting the financial responsibility of Govt, Municipal Councils and District Boards in regard to Medical Institutions

11. ~~District Head~~ quarter Hospitals to continue to be maintained from State funds.

12) Cost of medical institutions in rural areas

a) Initial Cost to be met by the State

b) ½ of the total recurring charges

Vide Ref. 13.

7/31

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14. Gurdev Lawe (Bawa
in 2.0 Acq. 2653-65
Ref 93-1-18
2 Lots Sem Lgcy
Dep D

Vide Left B.

5

the such Rights. State and the
State/Wells Regional Boards
III Immediate requirements
of the Deptt.
15. Raising the minimum pay
of the Subordinate Services upto Rs 50.
16. Improvement of the pay and
prospects of Compounders.

9/1/20
15-1-20

Proposals made by R. M. Subbiah R. A. Neelakantan.	Senior Surgeon's recommendations	Remarks
The ideal may be kept in view that 1. A Dispensary should be opened in each taluk so that medical aid may be available to every person within 5 miles of his residence. For the present a beginning may be made by adding one dispensary more to each taluk having a population of 70 thousand or less.		
2. The additional dispensaries proposed may be made semi-itinerant and one more itinerant medical man may now be added to the now existing taluk dispensaries		
3. There should be at least one midwife for each taluk. Steps should be taken to train midwives by	Each village ought to have its own trained midwife. Literate women of rural areas should be induced	

routing them scholarships.

5. An indigenous hospital at the headquarters of each taluk to be manned by an Ayurvedic or Unani Physician.

6. Reorganisation of the Ayurvedic College.

a). A suitable building for the College

b). Hospitals attached to it.

c). Affiliated to the University

d). Qualified professors trained in the Colleges at Lahore and Calcutta should be appointed

20/11/20

to come forward and undergo the midwifery training in one of the 3 maternities in the State. The scale of pay of midwives should be increased to 15-1-25.

The pay of Compounders also should be raised

566. No improvement is possible until really qualified and competent professors of Ayurvedic and Unani systems, combining in them a knowledge of Western science can be secured on the staff of the college.

The Ayurvedic College has been reorganised in G.O. No 519-20 Rev 522-18-2 dt 13th August 1920.

Asst F.

Proceedings of the Government of H.H. the Maharaja of Mysore.

*****

Read:-

G.O. No.G.17799-35/Med.70-18-1 dated 18th February 1919 appointing a Committee with the Senior Surgeon as President and marginally noted official and nonofficial gentlemen as members to consider the question of medical relief in the State in its various aspects with special reference to the following points :-

1. Mr. H.B. Mylvaganam, F.R.C.S.,
2. " C.S. Balasundaram Iyer, B.A.,
3. Dr. Miss. R. Govindarajulu, M.D.,
4. Rao Bahadur M. Shama Rao, M.A.,
5. " S.R. Balakrishna Rao, B.A., LL.B.,
6. " Gulam Ahmed Kalami.

(1) Adequacy or otherwise of the present organisation for medical relief in the State.

(2) Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.

(3) Feasibility of extending medical aid through Ayurvedic and Unani Institutions.

(4) Improving female medical relief throughout the State.

(5) Drawing up a programme for the next five years and considering the advisability of starting a medical faculty in the University and reorganising the Medical School.

(6) Question of adjusting the financial responsibility of Government, Municipal councils and district boards in regard to Medical institutions.

(7) Immediate requirements of the department - Additional medical staff needed in all grades and how to recruit them.

2. G O. No.22014-15/Med. 70-18-2 dated 29th March 1919 appointing Mr. M. Subbiah, General Secretary, Vokkaligara Sangha as a Member of the Committee for medical relief.

3. Correspondence ending with letter No. G.C.480-9 dated 19th May 1919 from the Senior Surgeon in Mysore forwarding the report of the Committee embodying the following among other recommendations:

(a) Opening of 110 new dispensaries within the next five years to be manned chiefly by Sub Assistant Surgeons.

(b) Posting of Sub Assistant Surgeons in addition to Assistant Surgeons to certain important dispensaries.

(c) Development of District hospitals so as to bring them up to date standard.

(d) Construction of new and up to date buildings for the Lunatic Asylum.

(e) Extension of medical relief through Unani and Ayurvedic Dispensaries if properly qualified Vaidyans can be turned out from the Ayurvedic College, Mysore.

(f) Providing each Taluk headquarter with a female dispensary in charge of a Lady Sub Assistant Surgeon and two Midwives.

(g) Opening of a Maternity at each District Headquarter with facilities for training Dayees in midwifery.

(h) Construction of a building for the Maternity Hospital at Bangalore and provision of facilities for training Dayees in midwifery.

(i) Starting a medical faculty in Bangalore in connection with the Mysore University and establishing a medical college at an initial and recurring cost of Rs. 825,000/- and Rs. 60,100/- respectively

(j) Fixing a programme of expenditure for the next five years as follows :-

First year.	Rs.	927,012
Second year.	"	955,024
Third year.	"	1,013,036
Fourth year.	"	1,071,048
Fifth year	"	1,134,064.

(k) Continuing the maintenance of district Headquarter hospitals from State Funds.

(l) Apportionment in equal shares of the maintenance cost of the dispensaries in rural areas between the State and the District funds, the initial cost being met from State Funds.

(m) Raising the minimum pay of Sub Assistant Surgeons to Rs. 50/-.

(n) Improvement of the pay and prospects of Compounders.

4. Government Notification No. G. 4287/Med. 70-18-6 dated 21st August 1919 publishing the report of the medical relief Committee in the Gazette and calling for public opinion thereon.

5. The marginally noted ~~letters from various~~ letters from gentlemen and public bodies containing their opinions which while generally in favour of the proposals of the Committee make some specific recommendations in respect of the following :-

1. Mr. Chennakesavaiyga, Koppa Taluk.
2. " C. Vasudeva Rao, Nagar
3. " Praja Hithaisi Sangha, Kikkeri.
4. " Govindacharya, Hansoge
5. " D.C.Nagesa Rao, Bangalore
6. Messrs. K.Vasudeva Rao, Nacaki and B. Vasudeva Rao, Nafas Sub Assistant Surgeons.
7. N. Srinivasa Udipi and
8. N. Subba Rao.

(9) Dr. A.K. Pani, Bangalore.
(10) The Malnad Landholders' Association, Kadur
(11) Mr. M. Narasimhiengar, Bangalore.
(12) " T. Venkatasubba Chetty, "
(13) " J.F.Mascarenhas; K-8-2.

(1) The opening of dispensaries in some specified places.

(2) The establishment of a Homeopathi dispensary to begin with in Bangalore.

(3) The establishment of an Ayurvedic Dispensary in every Hubli and in every big village the cost being met from District funds.

(4) The opening of an Ayurvedic Drug store.

(5) The appointment of Lady Health visitors (6) the teaching of midwifery as a compulsory subject in the Maharani's College, Mysore.

(7) Raising the pay of Sub Assistant Surgeons to Rs. 70-10-100.

Order No. H 26855-65

Dated Bangalore, 31/5/20

After very careful consideration of the recommendations of the Committee, Government are pleased to approve of them generally with the following observations

(1) As regards the allocation of cost between Government and the Local bodies, the initial and recurring charges shall be borne equally by Government and the Local bodies concerned.

(2) The question of the development of Ayurvedic and Unani medical relief may be considered along with the proposals for the improvement of the Ayurvedic College

(3) The improvement of the Shimoga District Hospital so as to convert it into a well equipped and up to date institution capable of ser ing the whole

whole of the malnad should claim the first attention in the five ~~progress~~ years' programme chalked out by the Medical Relief Committee.

(4) The recommendations of the Committee will be given effect to as funds become available.

2. The thanks of Govt. will be communicated to the members of the Committee for the thorough manner in which they have dealt with the questions referred to them.

30/4/20. Chief Secretary to Government

To

The Senior Surgeon

The Comptroller, through ~~Examk~~ Finl. Sedtt.

The Presidents of District Boards.

The Muzrai Superintendent.

Press Table.

Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 26855-65—Med. 70-18-28, dated 31st May 1920.

Report of the Medical Relief Committee.

Passes orders on the —— .

WD 2716—GPB—360—18-6-20

No. G. 26855-65—MED. 70-18-28, DATED 31ST MAY 1920.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

READ—

Government Order No. G. 17799-35—Med. 70-18-1, dated 18th February 1919, appointing a Committee with the Senior Surgeon as President and the marginally noted official and non-official gentlemen as members to consider the question of medical relief in the State in its various aspects with special reference to the following points :—

1. Mr. H. B. Mylvaganam, F.R.C.S.
2. Mr. C. S. Balasundaram Iyer, B.A.
3. Dr. Miss R. Govindarajulu, M.D.
4. Rao Bahadur Mr. M. Shama Rao, M.A.
5. Mr. S. R. Balakrishna Rao, B.A., LL.B.
6. Mr. Gulam Ahmed Kalami.

(1) Adequacy or otherwise of the present organisation for medical relief in the State.

(2) Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.

(3) Feasibility of extending medical aid through Ayurvedic and Unani Institutions.

(4) Improving female medical relief throughout the State.

(5) Drawing up a programme for the next five years and considering the advisability of starting a Medical Faculty in the University and reorganising the Medical School.

(6) Question of adjusting the financial responsibility of Government, Municipal Councils and District Boards in regard to Medical Institutions.

(7) Immediate requirements of the department. Additional Medical staff needed in all grades and how to recruit them.

2. Government Order No. G. 22014-15—Med. 70-18-2, dated 29th March 1919, appointing Mr. M. Subbiah, B.A., General Secretary, Vokkaligara Sangha, as a member of the Committee for Medical relief.

3. Correspondence ending with letter No. G. C. 480-9, dated 19th May 1919, from the Senior Surgeon in Mysore, forwarding the report of the Committee embodying the following among other recommendations :—

(*a*) Opening of 110 new dispensaries within the next five years to be manned chiefly by Sub-Assistant Surgeons.

(*b*) Posting of Sub-Assistant Surgeons in addition to Assistant Surgeons to certain important dispensaries.

(*c*) Development of district hospitals so as to bring them to an up to date standard.

(*d*) Construction of new and up to date buildings for the Lunatic Asylum.

(*e*) Extension of Medical relief through Unani and Ayurvedic Dispensaries if properly qualified Vaidyans can be turned out from the Ayurvedic College, Mysore.

(*f*) Providing each Taluk Headquarter with a female dispensary in charge of a Lady Sub-Assistant Surgeon and two midwives.

(*g*) Opening of a Maternity at each District Headquarter with facilities for training dayees in midwifery.

(*h*) Construction of a building for the Maternity Hospital at Bangalore and provision therein of facilities for training dayees in midwifery.

(*i*) Starting a Medical Faculty in Bangalore in connection with the Mysore University and establishing a Medical College at an initial and recurring cost of Rs. 8,25,000 and Rs. 60,100 respectively.

(*j*) Fixing a programme of expenditure for the next five years as follows :—

	Rs.
First year	9,27,012
Second year	9,55,024
Third year	10,13,036
Fourth year	10,71,048
Fifth year	11,34,064

(*k*) Continuing the maintenance of District Headquarter hospitals from State Funds.

No. G. 26855-65—Med. 70-18-28, dated 31st May 1920.

(*l*) Apportionment in equal shares of the maintenance cost of the dispensaries in rural areas between the State and the District Funds, the initial cost being met from State Funds.

(*m*) Raising the minimum pay of Sub-Assistant Surgeons to Rs. 50.

(*n*) Improvement of the pay and prospects of compounders.

4. Government Notification No. G. 4287—Med. 70-18-6, dated 21st August 1919, publishing the report of the Medical Relief Committee in the Gazette and calling for public opinion thereon.

5. Letters from the marginally noted gentlemen and public bodies containing their opinions which while generally in favour of the proposals of the Committee make some specific recommendations in respect of the following :—

1. Mr. Chennakesavayya, Koppa Taluk.
2. Mr. C. Vaman Rao, Nagar.
3. The Praja Hithaisi Sangha, Kikkeri.
4. Mr. Govindacharya, and others, Hansoge, Yedatore Taluk.
5. Mr. D. C. Nagesa Rao, Bangalore.
6. Messrs. K. Vasudeva Rao, Anavatti and B. Vasudeva Rao, Nagar.
7. Mr. N. Srinivasa Udupa, Nagar.
8. Mr. N. Subba Rao, Nagar.
9. Dr. A. K. Pani, Bangalore.
10. The Malnad Landholders' Association, Kadur District.
11. Mr. M. Narasimhiengar, and 10 others, Bangalore.
12. Mr. T. Venkatasubba Chetty, Bangalore.
13. Mr. J. V. Mascarenhas, Kolar Gold Fields,

(1) The opening of dispensaries in some specified places.

(2) The establishment of a Homeopathic dispensary to begin with in Bangalore.

(3) The establishment of an Ayurvedic Dispensary in every hobli and in every big village, the cost being met from District Funds.

(4) The opening of an Ayurvedic drug store.

(5) The appointment of Lady Health visitors.

(6) The teaching of midwifery as a compulsory subject in the Maharani's College, Mysore.

(7) Raising the pay of Sub-Assistant Surgeons to Rs. 70—10—100.

Order No. G. 26855-65—Med. 70-18-28, dated 31st May 1920.

After a very careful consideration of the recommendations of the Committee, Government are pleased to approve of them *generally* with the following observations :—

(1) As regards the allocation of cost between Government and the local bodies, the initial and recurring charges shall be borne equally by Government and the local bodies concerned.

(2) The question of the development of Ayurvedic and Unani Medical relief may be considered along with the proposals for the improvement of the Ayurvedic College.

(3) The improvement of the Shimoga District Hospital so as to convert it into a well-equipped and up to date institution capable of serving the whole of the Malnad should claim the first attention in the five years' programme chalked out by the Medical Relief Committee.

(4) The recommendations of the Committee will be given effect to as funds become available.

2. The thanks of Government are due to the members of the Committee for the thorough manner in which they have dealt with the questions referred to them.

C. S. BALASUNDARAM IYER,
Chief Secy. to Govt.

To—The Senior Surgeon in Mysore.
The Comptroller, Mysore Government, through Financial Secretariat.
The Presidents of District Boards.
The Muzrai Superintendent in Mysore.
PRESS TABLE.

Exd.—G W. B.

2 Diffs

To

The Senior Surgeon.

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G 27444
Med 70-18-29
14/6/20

Sd Mr Des

Sir,

In continuation of G.O. No. G 26855-65 dated 31st May 20 Med 70-18-28 directing, among other things, that the improvement of the Shimoga District Hospital should claim first attention in the five years' programme chalked out by the Medical Relief Committee, I am directed to state that the present hospital, as His Highness noticed during his recent visit to Shimoga, is housed and lacking in many of the conveniences of even a fairly decent modern hospital. I am therefore to request you to be so good as to submit, as early as possible, a note for the orders of His Highness, embodying your proposals for having a well equipped and up to date hospital at Shimoga which would serve the whole of the Malnad. The matter may kindly be treated as urgent.

I have etc.,

Chief Secretary to Government.

DCS
30/4/20

To 688
30/4